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MEDICAL ECONOMICS

The Business Magazine of the Medical Profession

MARCH, 1931 • VOL. 8, No. 6

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H. SHERIDAN BAKETEL, A.M., M.D., Editor
HAROLD S. STEVENS, Managing Editor
LANSING CHAPMAN, Publisher

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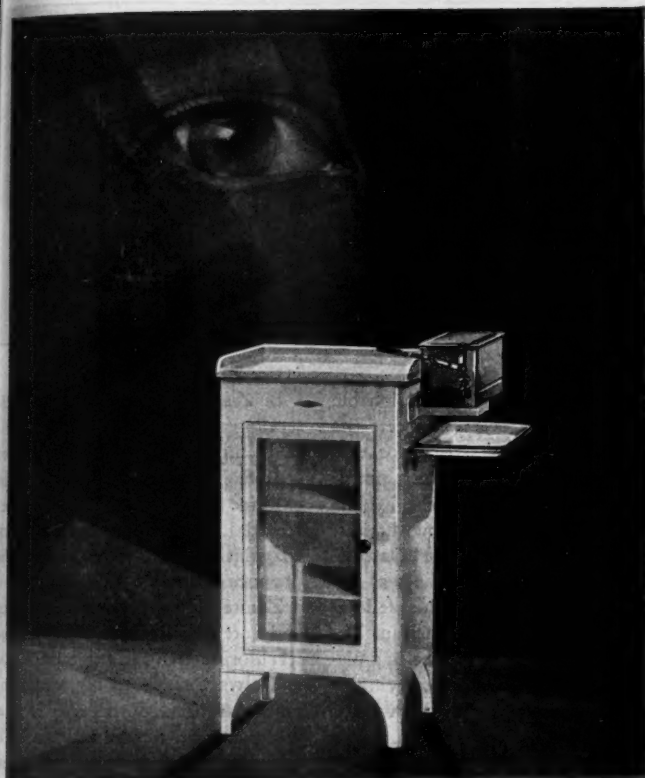
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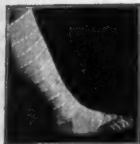
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Speaking Frankly

Unethical

TO THE EDITOR:

I have read the article in January MEDICAL ECONOMICS on the subject of Guild Medicine. The scheme seems good for the promoters if they can get a paying class of subscribers.

Down here in Arkansas and Oklahoma we have been afflicted with the same thing for years. So much so that a law has been enacted here to prohibit soliciting for these organizations.

The plan is unethical in the greatest degree. What about the other doctors in the territory? Anywhere and anytime an organization of this kind bobs up whether you call it a contract, a union, a guild or what-not, it is a direct step toward State Medicine.

R. W. Minor, M. D.

Scarcity

TO THE EDITOR:

I would like to say frankly that the reason communities in rural districts are suffering for physicians is not because of a scarcity of medical men; neither is it due to the high requirements of medical colleges. It is due simply to the fact that the rural people do not stand by their doctor as they should.

For illustration, take the young man who has complied with all the high requirements of medical college, passed the examinations as required by law, and served from one to three years as an interne.

Having paid this price he goes into the rural community, and equips an office at a cost of from \$500 to \$1000. He starts out as a general practitioner able to care for any case other than

major surgery.

About the first thing he meets is one of his rural friends on his way into the city to take his wife or baby to a specialist. This happens day after day. He is obliged to take care of those who are not able to go to the city.

It is not long before he decides that the only solution is to take a post-graduate course and move back to the city as a specialist.

And another rural community is left without a physician.

J. M. D.

Faith

TO THE EDITOR:

I am a physician's wife, and have always read MEDICAL ECONOMICS thoroughly. Since you publish many helpful articles written by intelligent men and women, perhaps you can help me get their views on a perplexing problem. The answer may be the means of enlightening one colleague—my husband.

In the four years that he has been in practice he has never kept a book or sent a single statement. If a person wishes to pay their account he relies on his memory for the amount. If they do not wish to pay they are never asked for the money. (I am speaking of people who are able to pay; the poor are excepted.)

People who are dishonest get medical attention along with the rest. Any excuse for not paying is accepted without a word of doubt.

He dispenses his own drugs and the drug bills are very large. When an invoice comes with a shipment it is never checked, never filed, and often never opened. The result is that he pays bill after bill never knowing whether they are right or wrong.

I have observed all this from the beginning and have suggested a system whereby he will have an idea of what he is doing. He never changes.

This is not a complaint—make no mistake. It is a problem that needs serious attention.

Why are thousands of young doctors released from medical schools without any preparation whatever for the business side of practice, a thing which is bound to be an important factor in their future success? A. R.

Specialist

TO THE EDITOR:

I have been noticing the criticisms hurled indiscriminately at both surgeons and specialists. For the last twenty years the general surgeon has been the boss of medicine. He has dictated the policies of the profession, the medical school, the hospital and finally the cost of medicine to the public.

With the advance in medicine, increased hospitalization, increased costs of adjuncts to diagnosis, plus the increased number of operations, has carried the cost of medicine past the ability or willingness of the general public to pay.

Unnecessary operations in the past have been many. There is no accurate way of determining what percentage of unnecessary operations have been performed, but in some of our larger cities the percentage has been high. Dr. Clendening's figures do not mean anything except his own personal observation. Another physician's figures might be higher or lower depending upon the character of the community and the surgeons that were under observation.

Dr. Wallace's criticism of specialists is unfair. If he happened to pick a particular bad lot why lay the same thing to all specialists. Furthermore I would like to ask Dr. Wallace if he intends to do all of his own specialty work?

I don't know of a living soul who is capable of giving the utmost to a patient in any case that might come up.

There is not a thinking spe-

cialist today who is not doing his best to do away with unnecessary operations, and where this cannot be done, he is trying his utmost to have those operations turn out satisfactorily TO THE PATIENT. I am proud of the work done in that regard in my own specialty, urology, in recent years.

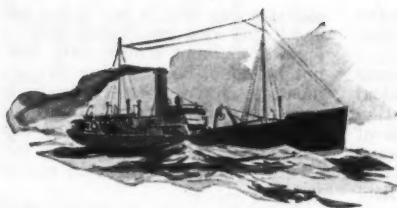
I must admit however, that there are men in the specialty whose middle name is "operate." I must admit that in all probability the pecuniary side may have something to do with their refusal to embrace some of the newer methods. I must also admit that some of these men stand higher in the profession than they are really entitled to, and right there the general practitioner is as much to blame as any one else.

If they continue to be hypnotized by name, position both professional and social, and refer their cases to that type of man they are bound to get left. That type of specialist long since learned his lesson from the general surgeon and is acting accordingly.

The general man loses his patient because in the scheme of things the general surgeon must have his group for protection and as such soon develops a few men that he is going to prefer, and supports those men accordingly. It makes no difference whose patient it was at the start, its easy to see whose patient he will be at the finish.

But that is only part of it; most any man today knows that the public have one man today and another tomorrow. That owned practice is a thing of the past, in the larger cities at least, and that there is no use planting this thing at the door of the specialist since the temper of the public is the thing that counts.

There are very few specialists who do not try to protect the general man in regard to his patients. Some- [TURN TO PAGE 137]



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MEDICAL ECONOMICS

The Business Magazine of the Medical Profession

Our New Duty

By CHARLES GORDON HEYD, M. D.

President, Medical Society of the County of New York

It is claimed by competent statisticians that physicians treat one-eighth of the population of the United States free of charge. Since at all times there are two per cent of the population incapacitated and about four per cent physically impaired, it follows that from 375,000 to 500,000 persons are daily treated without charge. If only \$2.00 per person were charged for a treatment, the sum total monetary equivalent for the contributions annually made by physicians in the form of free medical treatments would be \$365,000,000.

If all the medical and quasi-medical foundations were consolidated into one organization their entire contribution to society in dollars during the last twenty years is not equal to the annual donation of the physicians of the country. The medical profession may, therefore, justly claim that under the present medico-social system they stand without a rival in the entire field of medical charity and health philanthropy.

That the medical service provided by doctors in the last thir-

ty years has on the whole been effective is indicated by a study of the mortality rate in 1900 as compared to the mortality rate in 1925. If the medical service given to the middle class (white collar) were ineffective or inadequate, then we should expect to find that as a class they suffered from such defects of medical service. This is not apparent because the decline in modern mortality is impressive.

On the other hand, a superficial survey of the aspects of some of our social activities will indicate the tremendous amount of money that is paid out for non-essential luxuries. The outlay for cosmetics, cigarettes, chewing gum, are expenditures that are in no sense necessities and are distinctly in the luxury class. These luxury expenditures total over five and a half times the total cost of all non-government health services. The amount spent for tobacco alone is three times as much as that spent for

This forecast of the medical society of the future, is taken from Dr. Heyd's presidential address.

physicians and the American people spend more for candy than they do for doctors.

One of the fundamental difficulties in the consideration of the high cost of illness is that the public have not been educated to realize that a certain sum of money must be expended to keep the human machine in a state of efficiency.

There are approximately 450,000 persons passing through the wards of the New York hospitals in a year; practically 1,500,000 other citizens avail themselves of the dispensaries. It is evident that this entire group of people, nearly 2,000,000, make no provision for paying a physician or for periodic visits to their doctor.

A very important aspect of the problem is that when sickness appears the cost and expenditure under the present system of payment is an immediate one, forced and made under stress.

Out of every 100 who borrow from small loan companies, an average of 28 persons do so because of expenditures arising from illness or death. Interest rates on these loans vary from 12 to 42 per cent per annum, which materially increases the burden of the average wage earner with a family.

There is hardly a member of the community who is gainfully

employed that would not be able to handle a reasonable professional charge, in keeping with his economic position, if the load or charge were spread over a sufficient period of time. It seems inevitable that we must come to some scheme whereby the cost of the professional attention, or even the hospital, might be spread over a sufficient number of months to enable the patient to liquidate his indebtedness and be a self-respecting, responsible member of the community.

It is not for the best interests of society that such a large body of the population should be remiss in their rightful obligation and obtain their medical services free of charge. It is not good public policy to disburse money given or donated, or extracted from the public by taxation, for such widespread hospital and medical services.

There are other economic disabilities that are enforced on the doctor as against the other professions.

From tribal times of medical priestcraft, through various ages up to our present order the medical man has been expected to present to the community the services of his time and mind without remuneration. Clinics had their birth and flourished, hospitals risen from small beginnings to [TURN TO PAGE 129]

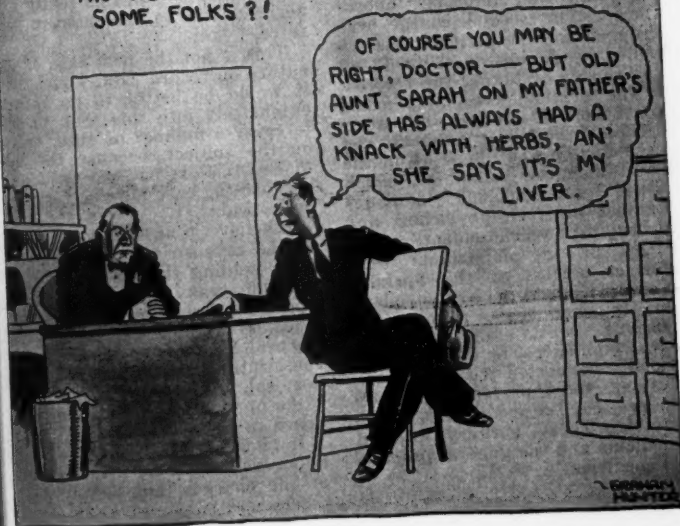
What the average American physician earns yearly, compiled from figures taken from 3600 individual practices, will be published in next month's MEDICAL ECONOMICS.

It's an Odd Thing about Medicine

WHY IS IT THAT AFTER A DOCTOR SPENDS YEARS OF SINCERE EFFORT AND THOUSANDS OF DOLLARS ACQUIRING THE PROPER TRAINING——



— HIS ABILITY STILL REGISTERS ZERO WITH SOME FOLKS ?!



By ROSS DUDLEY

That \$30,000 Verdict

THE verdict of a jury in the Superior Court of Spokane County, Washington, awarding on January 4, 1931, thirty thousand dollars damages against ten physicians, for humiliation, disgrace and injured feelings caused by slander of the plaintiff physician, brought to a close a month's trial of a case of paramount interest to the medical profession.

The fireworks started when the plaintiff, shortly after being barred from the Deaconess Hospital, was expelled from the Spokane County Medical Society. The charges read were: First, that he secretly and surreptitiously took case records from a certain hospital at which he operated; second, that he performed unnecessary and improper operations. The second charge was dropped and the plaintiff was expelled by a vote of 83 to 13 on the charge of taking the records.

The original complaint asked for \$100,000 damages, but after technical legal arguments the case finally went to trial on the third amended complaint, which asked for \$65,000 damages against nineteen physicians and a hospital superintendent.

All of the defendants were former officers of the Spokane County Medical Society, members of its committees, members of various hospital staffs and executive committees, or otherwise officially connected with the institutions, and represent specialists in eye, ear, nose and throat, obstetrics, X-ray, surgery, internal medicine and the general practice of medicine.

In order to give the physician-readers a better idea of what happened, I have gone rather extensively into the allegations of the complaint and answer, and the testimony presented by each side. While a great deal of the evidence, of course, is not particularly favorable to the defendants, I do not see any way of presenting the facts without giving it.

The prime object of this résumé is to seek and find wherein the hospital and county society officers erred legally in their expelling action. In that way the lesson drawn from this costly experience will be presented in full force.

This is not the first case of its nature on record. But I feel that it would be better to go rather extensively into this than to try to cover a number of other cases on the subject, because the ink in the trial is not yet dry; and because the case may be resumed on appeal.

I believe that the weaknesses of the defense are very obvious from reading the testimony. The plaintiff was apparently never given a hearing by the Hospital Executive Staff, nor by the General Staff, as required by the constitution and by-laws of the hospital, and was given absolutely no opportunity to present evidence in his own defense.

In addition, the Executive Staff apparently made no investigation of the charges, but simply took

A LESSON DRAWN FROM EXPERIENCE

the word of one doctor as to what happened. At the trial the plaintiff was able to present just as many authorities upholding his surgery, as was the defense in denouncing it. In addition, his expulsion from the society for taking the records from the hospital after one of the defendants had also taken them out, would undoubtedly sound rather hollow.

In the first cause of action, upon which \$35,000 damages was asked, appeared the ghost of a former malpractice suit in which the plaintiff in the present action testified on behalf of a patient and against another physician in a malpractice suit in November, 1927, the patient being awarded \$19,000 on the second trial.

It was alleged that at that time, the physician defendants attempted to dissuade the present plaintiff from testifying and that one of them warned the plaintiff with the statement that better men than the plaintiff had been driven out of the prac-

tice of medicine in Spokane because of incurring the ill-will of the medical profession.

It was further claimed that immediately after the plaintiff testified in the malpractice case, the defendants entered into a conspiracy to ruin his practice by closing all the then existing hospitals to the plaintiff, and that as part of the conspiracy, the defendants maliciously stated to the officers, directors and the executive medical staffs of each of the hospitals that the plaintiff had been guilty of incompetent, unnecessary and improper surgery and was not fit to practice in the hospitals, and the plaintiff was later required to build his own hospital, at a cost exceeding \$40,000, the same being operated at a loss.

In regard to the taking of the hospital case records, for which the plaintiff was expelled from the medical society, that prior to the plaintiff's act it was alleged that one of the defendants had taken the same case records from the hospital, under the direction of the other defendants on the executive committee of the hospital medical staff, to Portland for examination by a member and trustee of the American College of Surgeons. That later the plaintiff had taken them to the headquarters of the American College of Surgeons at Chicago and to the Rush Medical College and were later returned to the hospital in the exact condition as when received. That plaintiff was maliciously expelled for doing the same act that one of the de- [TURN TO PAGE 117]

ROBINSON WINS \$30,000 VERDICT IN SLANDER SUIT

Dr. William W. Robinson won his lawsuit against 10 Spokane physicians and surgeons when a jury in Superior

Father, Mother, Son

By NELLE WENDT
HOLSHOUSER



FATHER, mother and son—constituting the entire Sanger family of Oklahoma City, Oklahoma, are physicians.

The poet says that to each man there opens a high road and a low and each man determines the way his soul shall go. In this case a whole family has chosen the same high road of service.

Dr. Fenton Mercer Sanger was born into the medical field, possessing a grandfather and four uncles who were all physicians. While he was awaiting the time when he too could follow the urge to enter the profession he taught school in Oklahoma City where he met Miss Winnie Monroney, a fellow teacher.

Miss Monroney—coincidence doubled—was the daughter of a physician, and yearned to follow in his footsteps.

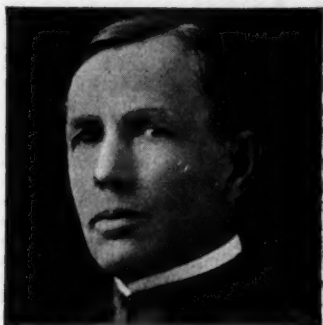
So these two, with heritage so identical, snapped their fingers in the face of the gentleman who declared that "he travels the fastest who travels alone," and were married. They started together up the road which led to their land of service. It wasn't easy but it was fun. Whether the young wife had a sugar bowl on

the top shelf of the cabinet to hold the pennies that were to finance their education is a question, but the couple instigated wheatless, meatless, and butterless days long before the idea ever occurred to Herbert Hoover.

Fenton Almer Sanger came along too to complicate matters, but so happy was Grandfather Dr. Monroney that his daughter was entering his beloved profession that he kept the little grandson during the daytime while she attended medical college. When the boy was four and a half years old he sat in the ante-room while his mother took her final examination for the degree of doctor of medicine. A little later the young father received his degree and the couple opened their office in Oklahoma City. That was twenty-six years ago.

With the passing years the two physicians became an integral part of the growing city. While people were discussing on every hand the question "Can a woman have a home and career both?", Dr. Winnie Sanger went quietly and successfully about her dual life without thinking a great deal about any obstacle that might be

on All M. D.'s



in her path. Besides her regular practice and her home, she had made an indispensable place for herself in club circles and civic and church work. She attained the position of State President of Federated Clubs.

Meanwhile the young son was growing up, and his career was becoming the topic of family conversation. It would be nice, of course, to have young Fenton become a doctor too, but so concerned were the father and mother that their desires should not unduly influence their son to enter a profession which he did not choose of his own accord that they sent him to the University of Missouri in the hope that, left to himself, he would find the work he wanted to do.

One day one of young Fenton's fraternity brothers passed through town and when asked about Fenton, he said, "There isn't any power on earth that will keep him from becoming a physician. Whenever any of the boys have anything the matter the first one they go for is Fenton. He always knows exactly what to do."

And so four years ago he en-

tered the firm of Drs. Sanger and Sanger, making the office as well as the home a family affair. And the harmony which exists in that office is fast becoming a legend.

The expenses of the office are first taken out and the remainder is each month divided into three parts. Each member of the firm has his preference of cases and as nearly as possible these are respected. When the father and son do surgical work the mother administers the anesthetic.

Their vacations are discussed and settled in such manner that at least one of the doctors is left at home. Regularly one or two of the firm, and on one occasion all three, attend clinics and do postgraduate work. During the absence of any one of the physicians the remaining members take care of his patients.

Their present suite, which they have occupied for six years, consists of a large reception room and four offices.

These recently, during the absence of Dr. Fenton M. Sanger, were refurnished in a most charming fashion as a happy surprise to the senior member of the firm. The [TURN TO PAGE 93]

How to Reduce Bad

UNLESS you have just recently begun the practice of medicine, the chances are almost ten to one that you have been caught in the meshes of one or more "gyp" collection agencies.

The pitfalls and trickery by which these unscrupulous agencies entrap the unwary physician have already been accurately described in a series of articles published during the past year in **MEDICAL ECONOMICS**. The Bureau of Investigation column in *The Journal A. M. A.* has also carried similar information, with some case experiences and warnings.

So I shall not add more details of that kind. If a reader is unable to learn his lesson of caution from what has already been written, I doubt if further details would be of any particular value to him.

There is, however, one other type of collection agency which the physician will do well to investigate carefully before entrusting any of his accounts to it. I refer to the small local agency.

These small agencies seldom attempt any of the high pressure methods or thieving tactics which characterize the "gyp" agencies previously described. For the most part the small agency is honestly trying to make a living by the collection of delinquent accounts, and the doctor can be fairly sure of getting his share of the proceeds, if the agency can survive long enough to pay him.

The danger with these small local agencies lies in two directions. The first is that so often they are headed by ignorant and crude individuals, whose methods of dealing with slow-pay patients are likely to stir up considerable antagonism and ill-will toward

the physician.

The second is that they are rarely well enough financed to insure staying in business long enough to pay the doctor his share even though their intentions are honest.

To illustrate: In March 1929, Dr. X gave some accounts to a newly organized local agency to collect. The agency personnel consisted of two young men, who had some standing in the community. The commission rate was 25%, plus a \$10 a year membership fee for which a credit rating book was to be furnished. By June the agency had collected \$165 for Dr. X and seemingly had exhausted his list. Repeated efforts to secure for Dr. X the \$38 due for monies collected by them last June have so far resulted only in promises which have been broken time and again. An investigation of the concern reveals the fact that they are simply so "hard up" financially that they haven't the money to pay the doctor. They long ago used up the money collected from his accounts to pay their own bills, hoping to repay him later.

Two other local agencies have accounts belonging to Dr. Y. I recently wrote them, asking for a statement showing the present status of Dr. Y's accounts held by them. The "report" which was returned by one of them looked like some child's scribbling. Opposite each name on the letter I had sent, the "agency" wrote in pencil such remarks as "moves about", "dead", "no good", "will pay", etc. It was next to impossible to determine from this report just where Dr. Y's accounts now stand.

To deal with a collector who is an ignoramus, or whose finan-

Bad Accounts

By R. A. SWINK

cial position is so shaky as to make uncertain his continuance in business, is quite as unsatisfactory as to deal with one that is dishonest. The net result to the doctor in either case is almost sure to be the same.

Where, then, lies the remedy?

An attempt to answer this question, at least in part, is the purpose of this article.

It is my belief that the only satisfactory solution of the bad accounts problem lies in his own office. He has simply got to get away from the old traditional method of handling the business side of his practice (a kind of trust-to-luck policy), and to recognize that in this era of economics-consciousness, he must look upon his practice for what it actually is—a *business*, out of which he hopes to make a decent living and enough profit besides to provide against dependency in his old age.

In my work as business manager for physicians and dentists, I have occasion to analyze many so-called bad accounts, for the purpose of trying to find out *why* they have become bad; that is, why the doctor is unable to get his money.

My conclusion is that there are three chief reasons for such accounts accumulating in the doctor's files:

1. About half of the accounts that ultimately are classed as "bad" are really "lost address" cases, caused by the failure of the doctor or his assistant to get *complete information* about the patient at the time of the first interview.

2. Next come the "complaint" cases—those where the patient has refused to pay because of some misunderstanding or dissatisfaction with the service or fee charged. [TURN TO PAGE 87]



"With losses from bad accounts reduced to the minimum, the doctor is free to give his whole thought to the one job for which he is especially fitted—the practice of medicine."

The Doctor and his Investments

AT the aftermath of panic, it seems appropriate to seek a new orientation in financial affairs. When it seemed that modern economic civilization itself was in the balance, certain types of financial institutions stood up, adamant to the cyclonic forces which seemed to sweep everything else aside.

In the laboratory of recent events, ultra conservative repositories for thrift proved their worth. And the public was in need for such a lesson. The earlier period of prolonged rising security prices had blinded investors to distinctions among high grade, second grade and still inferior issues. As long as the trend was upward, it seemed academic to seek investments of the highest grade. During the great wave of prosperity, the competent were alike keeping their promises to investors.

Intrinsic differences in the character of promises, actual and contingent, made by business institutions to investors, became apparent to all during interludes of excited liquidation. During the storm, when there was a vast loss of public faith in many things, the great mutual savings banks and the well managed life insurance companies kept their promises at par. No unbiased observer could go through the period without heightening his respect for such institutions and for their principles of investment management.

Though such thrift institutions promise no enhancement of principal, they are in position to assure safety of capital at all times. At climaxes of selling in the security markets, those two types

of institutions were virtually the only places to which the average investor could turn for cash without making terrific sacrifices. At the same time, individuals, with a balanced investment portfolio, which included a portion of investments of the type which savings banks and life insurance companies make, were also in position to realize cash. But in the closing months of 1930, when there were runs on banks, even the high grade bond market, contrary to economic fundamentals, was substantially depressed.

Equities built up in life insurance contracts and deposits in savings banks represent participations in a portfolio of extremely high grade investments. On the other hand, securities of an investment trust represent an interest in a speculative savings bank. If safety and immediate availability of principal are the main considerations, the investor is better off in the old fashioned savings bank. On the other hand, the savings bank offers no opportunity for appreciation of principal. With security prices depressed, the more venturesome investor, desiring to participate in the prosperity phase of the business cycle, will find well managed investment trust securities better suited to his hopes for augmenting his capital.

But as a group, the discretionary investment trusts have made a somewhat sorry showing since the historic October 24, 1929, when American public decided it would rather sell than buy common stocks. The investment trust principles of expert initial selection of securities, continuous supervision by specialists, and

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By MERRYLE STANLEY RUKEYSER

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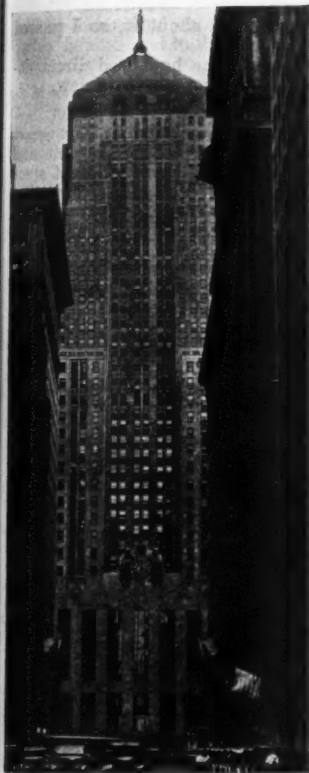


Photo by Ewing Galloway.

"In the last year and a half, bank stock prices have had much of the water squeezed out . . . the time has again come when the balanced investor can consider bank stocks."

wide diversification are sound, and in time this country, like England and Scotland, will develop a group of competent investment trust managers. And in time proper regulatory laws providing for ample publicity, will be formulated.

Meantime, the investor can find experienced investment management along investment trust principles in the privately owned fire and casualty insurance companies, and a few of the stock life insurance companies, such as the Sun Life Assurance Company of Canada and the Hartford group, including Travellers and Aetna. The non-life companies over a period of years barely break even on the insurance business—especially fire insurance—but have done well for stockholders by competent management of the investment portfolio. In addition to employing more experienced investment managers, these insurance companies are subject to strict state supervision, and must periodically publish a list of their investments. The prices of the shares of such companies have tumbled in accordance with the decline in the stock market, and those investors who are a little more cheerful and want to buy a cross section of better grade securities for long term purposes may find insurance company stocks a suitable investment vehicle.

Inasmuch as many corporations conceal their true position by either hiding or padding earnings and assets, the outsider cannot choose merely on the basis of published reports. The real advantage of the competent insider is that he [TURN TO PAGE 105]

As a Physician

I LIKE THEM IF THEY'RE HONEST

WONDER if I'll ever get caught up with these unread medical journals," I thought. "Seems as if I get less and less time for them. Yes, Miss Brown; bring him in."

And with a sigh of disgust, I laid aside my magazine, in the midst of a thrilling article on the removal of pituitary tumors.

Glancing about my consultation room, the salesman started his talk.

"I see you're not busy now. I'm representing the United States Investment Company, and we've a perfectly dandy buy in our seven per cent preferred gold bonds"

I listened to him for a few minutes, to allow him a chance to get over his proposition fully, to make an understanding judgment of it; then I politely informed him that I wasn't interested, adding that I was already loaded up with considerable frozen investments.

"But doctor, you're missing the chance of a lifetime in this . . . it's practically sure to double in a year . . ."

He stayed, he insisted, he offered me a cigar, which I presume was a good one. Finally, I arose and remarked, "I'm too busy now, and really am not at all interested in your proposition."

Soon I had closed the door behind him with considerable relief.

"Miss Brown, how did that man get in here? I've asked you to question people you don't know."

"Well, doctor, he said it was on a private matter, and seemed

very secret about it, so I passed him."

Clearly, he had used direct deception to get his interview.

It was lunch hour; my secretary was out getting her pie and mocha, and I'd hoped to get some work done on my case histories, in order to file them away completed before billing day, soon at hand.

In full swing at this necessary labor, I was making rapid strides and praying for a chance to get the cards properly cared for without more delay. The door between waiting room and my work room stood ajar, when he descended on me, grinning balefully.

"Doctor, my name's Worthington, representing the Interurban Transit Company of Hellespont; and we've a new type of doubly insured stock to offer you, payable in installments of one dollar a share and returning . . ."

Again! I was hardly polite any more, and he and I quickly parted company; perhaps I was irritable because I was hungry.

Later that day, the detail man for a fine, old drug house patiently waited in my reception room for a half hour. Miss Brown and he had met before. He didn't attempt to crowd in on me. As a matter of fact, most of the detail men for the pharmaceutical firms are always welcome in my office. They take little of my time, because they're trained to their work; they sketchily tell of their superexcellent goods, donate a few samples, usually just what

Sees Salesmen

EST By FASSETT EDWARDS, M. D.

one is interested in trying, and leave behind a kindly memory.

Miss Brown had gone home a half hour before, and I was turning out the lights and sterilizer, at the end of a wearisome, busy day. I was to make a call on my way home, and probably to eat a belated dinner that evening.

"Going home, doctor?"

The question was about as inept as that of the small boy who, seeing his young friend busily pushing a buck-saw, inquired, "Sawin' wood, ain't ye?"

My overcoat was on my tired back, my hat was on my tired head, and my grip hung in my tired fingers. Heaven knows how much I dislike seeing anybody at that hour, even a patient; and it was perfectly evident that he was not seeking me for professional attention.

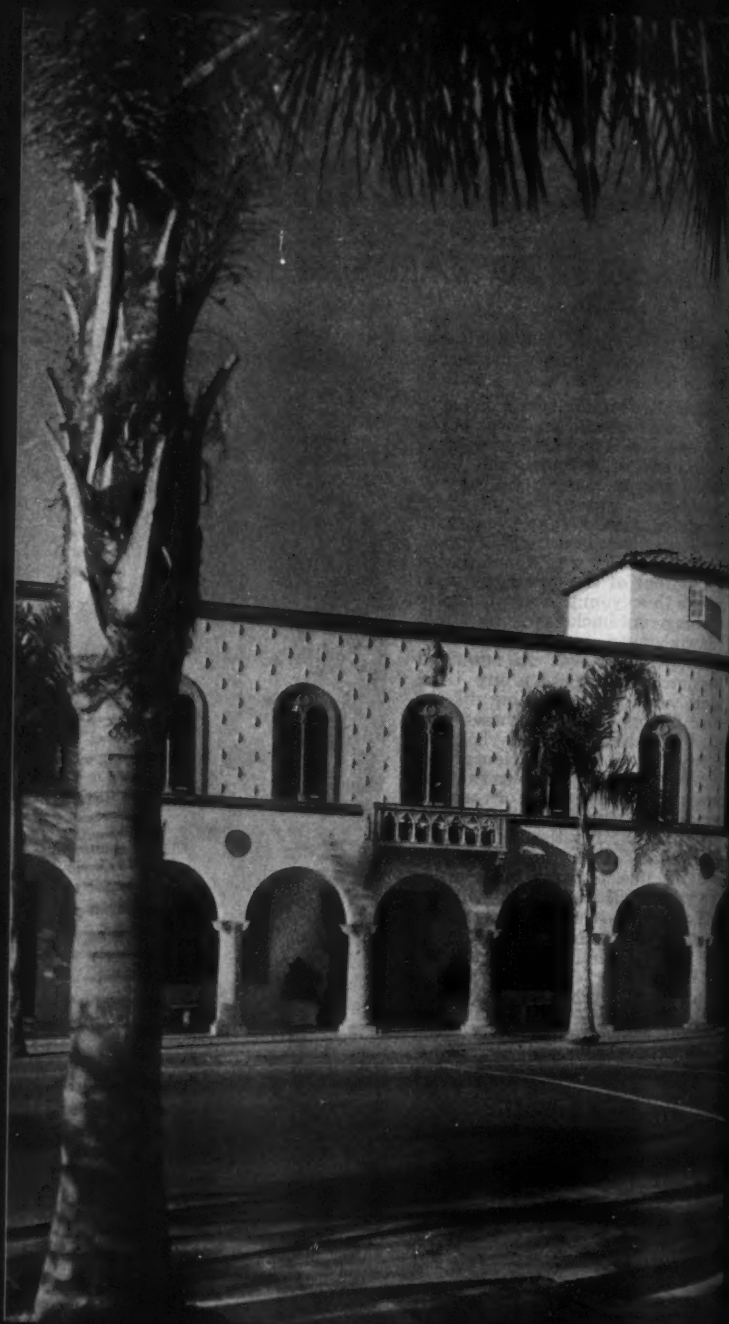
"I'm agent for the Three Star Whiskey Company, of Louisville; and I'd like to take your order for your 1931 supply of whiskey and alcohol"—and he importantly pulled out his order blanks and unlimbered his pen.

"Whiskey?" I snorted. "I'm a staunch prohibitionist. Good night." And I clicked out the lights and shut the outer door, leaving him taken a bit aback. At least I thought he was, but perhaps it was just a part of his daily routine.

As the days go by, I'm offered all sorts of chances to spend my million dollars for books, doctor's gowns, sox, hose for the wife, tickets for charity affairs, surgery and [TURN TO PAGE 99]



"He was frank and straight with me, and tried no low tricks to sell me his wares . . . we need to see sales folk; they'd make far better impressions on all of us if they would play their game in the open. They don't have to sneak in on us to get a hearing."



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Group Purpose

By CHARLES C. TUSTIN

Business Manager, Santa Barbara Clinic

THE Santa Barbara Clinic is now entering upon its eleventh year. It came into existence in its own building erected on the main street of internationally known and beautiful Santa Barbara, California. Santa Barbara with its environs has a population of forty-five thousand. In addition there is always a large floating hotel population. The city is a home and resort center.

The Santa Barbara Clinic opened with seven doctors and four office assistants in the personnel. Today there are sixteen doctors and twenty-eight employees—business manager, auditors, secretaries, clinical and X-ray laboratory technicians, nurses, librarian, physiotherapists, admittance and telephone hostesses, elevator men and janitors.

The departments in the Clinic are general medicine, general surgery, urology, orthopedic surgery, industrial surgery, obstetrics and gynecology, ear, nose and throat, eye, pediatrics, endocrinology, preventive medicine and dental diagnosis.

The Clinic building is a two story structure 154 feet long with front and rear lateral extensions. There are over 80 rooms which are doctors consultation and examining quarters, large library and meeting room, clinical laboratories, X-ray rooms, business offices, nurses' work rooms and employees' rest quarters. A modern physiotherapy building is adjacent to the main building. A garage and parking area in charge

of an auto mechanic in the rear of the Clinic enables the doctors and employees to secure gas and oil at wholesale rates and repairs to cars at a fair figure. Doctors as well as patients use the large parking space.

In the Clinic's growth from the original floor space of approximately 6,000 square feet to about 16,000 square feet, many vicissitudes have been passed through which in early years threatened disruption of the organization. The rock on which many clinics have been wrecked has been that of finance, distribution of the aggregate collections of the professional practice.

Fear of the stability and permanence of the Clinic has also produced uneasiness among the members of the group. Inability of some of the doctors to adjust their old inherited proclivities concerning individualistic practice to the viewpoint of group associative practice has disappeared as mutual understanding and cooperation have grown under the influence of patience, conciliation and the slow passage of time.

The founders of the Santa Barbara Clinic have persistently impressed their ideas upon their associates. They have always believed and one of them has written in the Bulletin of the American Medical Association that "So-

The Santa Barbara Clinic, shown opposite, contains 16,000 square feet of floor space.

cial progress is in the stage of organization as contrasted with the more marked individualistic activities of earlier centuries, and while now there is greater differentiation in the various spheres of the work of men the real advances are dependent on the integration, the cooperation of the specialisms. Diversity and association are interdependent."

The author has contended that "group practice is medicine's alignment with the other forces in social progress. What the individual physician cannot do because of lack of time or specialization or strength, the medical group can accomplish with the resources and specialization of all."

Consistent with this point of view the Clinic has been developed with the family doctor as the very center of the group, in intimate contact with all the specialists about him, who are his hands in carrying out the many

difficult, intricate and special diagnostic and therapeutic measures which no one physician is capable of mastering. This type of group practice is broadening in nature and obliterates antagonisms. Each doctor in the group is urged to build within his own psyche and apply the family group doctor attitude.

Physicians, mainly young men, are taken into the group with no desire to exploit them but with the hope of creating in them, by assurance of continuous employment on a fair basis, of an attitude of mind which is understanding of securi- [TURN TO PAGE 144]

Here are two interior views of the Santa Barbara Clinic, one showing the main reception room, and the other (top) showing an individual reception room on the second floor. Below is a photograph of the library.



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Two-Party

THE two-party system may apply with admirable effectiveness to government by democracy, but applied to medicine, it means disaster.

Five years from now, unless something is done to avoid it, the medical profession will be divided into two camps, embodying differences far greater than those which at one time divided the school of homeopathy from that of the allopath. That is my humble prediction, as it is the prediction of many others who are watching with growing alarm the divergence of surgery and general practice.

If this were the only impending disaster facing our profession, it would be easier to understand. The problem of how to meet it would be simpler. But even with a solid front, with unity unimpaired, it will be no easy fight to maintain our position before the various threats of state medicine, industrialized medicine, mis-applied philanthropy, uncontrolled quackery, and a generally unsympathizing public. Under a system of two-party medicine, the problem will not be doubled—it will be quadrupled.

No time for squabbles

A row between the branches of organized medicine, however masked with dignity or cloaked with unctuousness, will be the surest way to lose our cause-at-large before it has been fairly championed. This is no time for squabbles over such relatively petty issues as who or who does not control hospitals, whose income is greater, and what is or is not fair in the matter of individual relations between specialists and general practitioners.

Articles have appeared in publications read by an aggregate of several millions of patients, some of them praising the surgeon to the apparent belittlement of the general practitioner, and others in direct disparage-

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So far as the praise goes, glory be; there are few men in active practice who could not stand a little more of it. But disparagement, now of all times, is uncalled for and positively suicidal to the profession at large.

Medicine is suffering enough already from public distrust; to suffer criticism of any kind from within its own ranks, is the last straw.

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There is not one single point in the entire category of differences between our two parties of medicine which can be settled one way or the other by appeal to the public. There is no act possible by either party of medicine which is as strong as the power of the individual doctor's character, his personal influence on his patient.

There is only one possible way to meet the threat of two-party medicine, and we may as well face it now as to be forced to face it later, when it will be too late. That way is to hoist a flag of truce, with courage and without reservation. This is, of course, only the personal suggestion of Ye Editor, and if any reader of MEDICAL ECONOMICS will offer a better one, there is space and ink waiting to welcome it with a glad cry of joy.

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It would be a fine thing if we would agree to bury all hatchets, even the rubber ones, and declare a moratorium for a definite period, say ten years. At that time the medical profession will probably be either in a place where it can swing shovels on the grand scale, or it will be picking daisies in Paradise.

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H Sheridan Baker



Dr. Paul Martin; his profession is surgery, his hobby, track. He was captain of Switzerland's team at the last Olympics, and has won a number of American events.

The photograph opposite, taken near Tacoma, Washington, illustrates the most popular hobby of all.

Medical H

By E. L. WORTH, M.D.

I was at a meeting of the staff of a hospital, the last meeting which the present internes would attend with the staff before going out to seek locations for themselves. One of the members of the staff who had charge of the meeting, selected for his subject words of advice to the young men about to begin their life work. Among other things, he urged them to adopt a hobby.

When he had finished his talk, the elderly man, whom all admired and loved, rose to discuss the question brought up by the previous speaker. He concluded his remarks by saying, in a manner of great earnestness:

"Gentlemen, forget the hobby; stay on the telephone!"

And yet no matter how interesting any particular occupation may be, one's enthusiasm is bound to languish when it becomes a daily task, and if it is work it becomes—well, work, and nothing more.

A doctor's duties are not by any means limited to administering to the sick. A part, indeed a major part, of his time must be devoted to keeping up with the new ideas and the progress of his profession. Study does not, or at least should not, stop when the diploma marks the end of college years.

There was a wise man who long ago summed up very neatly the results of over-much study. His name was Shakespeare, and his opinion was expressed when one of his characters declared that too much study, too much learning, led to madness.

Perhaps we do not carry our

Cal Hobbyists

M.D. PLAY, WITH AND WITHOUT THE EXERCISE

desire for learning to such an extreme, but who has not found that the mind becomes fagged, that he grows stale, after too long application to books?

Rest is not the best remedy for such a condition, for even at rest the mind may continue to pursue the same line of thought. What is needed is a distraction, something to turn the attention in a new direction. Since the doctor's hours extend around the clock, he feels the need of diversion more than most men.

This is the time to mount and ride a hobby—but only for amusement, not seriously. Taking a hobby too seriously is just as bad, perhaps worse, than continued application to business. If it is allowed to claim too large a proportion of the interest, it becomes, in fact a form of work, usually with no direct compensation for the time devoted to its pursuit.

To mention a list of hobbies would be to include nearly every form of human activity. A bank president may be an amateur astronomer; a school teacher may

be an electrician; or—an actual case—the general manager of a large electric corporation may spend his spare moments digging a cellar under his own home.

Anything which takes one out of his usual routine will serve as a hobby, with the single proviso that it be something in which he takes a lively interest. But this statement works as well in reverse gear, for we easily find ourselves interested in that which we are doing. A subject which has no particular attraction for us may become intensely interesting when we work at it during our leisure hours, and learn more about it by doing.

For this reason, hobbies do not come to us ready-made. We may choose one which is suited to our circumstances, and our interest is certain to increase as our skill and knowledge grow. Nearly all hobbies depend for their interest on an educated skill in the use of our hands.

Hobbies may be roughly divided into three classes, considering the amount of time which they demand, and especially the way in which this time



must be devoted to them.

What might be called the great hobbies require a complete separation from one's ordinary work, and one's time must be devoted exclusively to the hobby. Mountain climbing, exploration, hunting and fishing, when carried out at some distant point, and photography of natural scenery, are all of this class. They require all of one's time during the period when the hobby is being ridden, but the periods may be as infrequent as desired.

Such hobbies are most beneficial because they take one away



M. B. Pearlstien, M. D., Brooklyn, N. Y., set a record of 39 seconds for 110 feet underwater at the last Olympic tryouts, Manhattan Beach. His hobby is swimming.

from his ordinary routine, but they are expensive. One who follows them must be in the best of condition, yet they do not furnish the daily exercise which makes this possible.

Another class of hobbies requires more frequent periods of shorter duration. Golf, tennis, polo and archery are examples. They are better suited to the average man and are deservedly popular. In some ways they are more adapted to the man of business than to the physician, for they are carried on at a distance from the telephone. This in itself may be an advantage in some cases, but for the man whose day does not end with his office hours, it may be a serious disadvantage.

Still another class of hobbies consists of those which may be followed at odd moments. It would seem that such avocations are especially made for the medical man. He can devote himself to the hobby and still be within reach of a call.

Innumerable subjects might be listed among hobbies of this type. Instrumental music, painting, writing either for pleasure or for publication, the acquiring of a foreign language, are all good.

One doctor makes beautiful cabinets for his home, and he has developed great skill in embellishing them with inlay of dark and light wood. He designed and made some of the tools which he uses. Another physician plans mahogany furniture for his home, and then carries out his own design with carving tools. He has found wood-carving a fascinating occupation for spare moments.

One thing should be remembered in the choice and pursuit of a hobby. Hobbies are intended to be ridden; they should not be allowed to ride the devotee! This fact is what the elderly physician quoted earlier in this article probably had in mind when he said, "Gentlemen, stay on the telephone."

the cluttered desk

SOME clever ideas:

A doctor in Boston doesn't like the sound of "PLEASE RE-MIT" on the statements. "OVER-DUE" is almost as bad, he thinks. He would prefer letting an account run indefinitely to writing collection letters.

So, when the third or fourth statement has been mailed without results, he has his secretary type neatly across the bottom of the next one: "IS THERE ANY CRITICISM ABOUT THIS BILL?"

Usually there isn't; very often the question produces a check.

checks off the most popular periodicals and orders them.

National Geographic, Judge, The New Yorker, Time and Vanity Fair head the list, as a rule. *The Saturday Evening Post* and *Colliers* are suitable only for patients who come often and early. They are not on the list. *Liberty* draws a good vote, but it is not on the list, because of the "Reading Time" gauge which begins each article. This would tend to make patients too conscious of the waiting time. The best kind of reception room literature, the doctor believes, is that which is full of short items to engage attention quickly and hold it, but not too profoundly. No one likes to break off a detective story to go in and have his throat swabbed.

Newspapers are not on the list, because they detract from the appearance of the room.

A physician's office two flights up, fronting on the street, downtown: in the corner of the window is a small white sign. It reads "OUT", and is displayed only when the doctor is late for office hours (which happens often), or, sometimes, when the reception room is crowded. Most of his patients are used to the custom and glance at the window before starting up the two flights. The idea was started by some women patients, who preferred spending extra time in the stores, to sitting in the waiting room.

Going one better on that old gag about the doctor's waiting room and its ancient literature, a physician we met recently takes a vote on the magazines he subscribes for. Once a year he leaves a long sheet of paper on the reception room table, with this typed across the top:

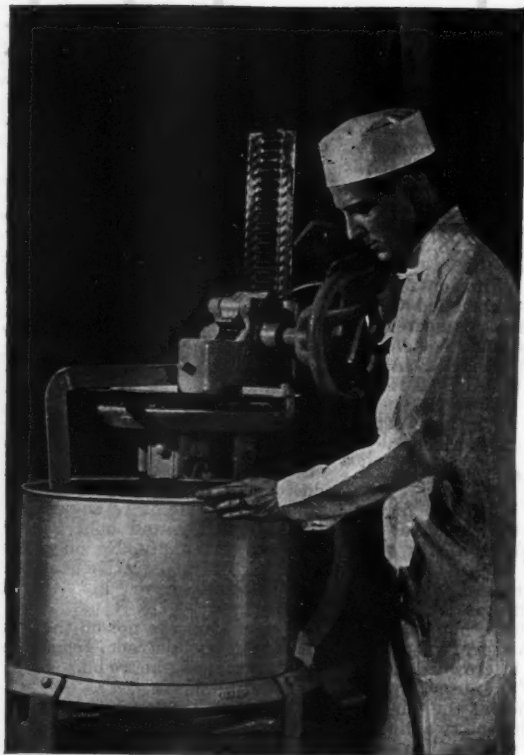
"What magazine or publication do you like to read? If you like a magazine particularly well, write the name on this paper."

When the sheet fills up, he

More than once it has been suggested that we put the "reading time" at the beginning of articles in MEDICAL ECONOMICS. But in our opinion an article is either worth finding time to read or it isn't. If you can't finish now, take it with you. That's why MEDICAL ECONOMICS is pocket size.

We have also been requested, pleaded with, ordered and advised under threats to do away with continuations—that is, continuing an article from a page in front to a page in the middle or back.

There is a definite advantage to the reader in this style of



Mixing Powdered Drugs.

(First of a series
of advertisements
on the making of
compressed tab-
lets.)

KKNOWN as specialists in the making of sterile solutions, George A. Breon & Co., have also made compressed tablets in a minor way. The way of making them has been improved during the last year and a half. Tablet formulas and production have been brought to a high standard of excellence, equal in care and skill to that that distinguishes Breon ampoule solutions.

Dispensing physicians will be interested in these tablets which are described in the Breon Reference Book, sent on request.

GEORGE A. BREON & CO.
Kansas City, Mo.

NEW YORK
319 W. 50th St.

ATLANTA
409 Rhodes Bldg.

LOS ANGELES
1929 Hillhurst

SEATTLE, 6035 Eighth Avenue N. E.

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make-up. Pick up a magazine and the first thing you do usually is to run through and see what is of immediate interest and what isn't. If every article plods through to its concluding line before another one starts, you either have to thumb through pages indefinitely or else look down the table of contents. The first way is tiresome and wastes time; and the second way provides clues and not substance.

Continuing the longer articles to the back calls for little effort when reading, and makes the text more accessible. The pages in the front are the Editor's display-windows.

A physician had his office equipped with the most complete, and incidentally most expensive, record system available—and was very proud of it.

Shortly after the first monthly statements had been sent out under the new system, a patient came in bringing a bill made out for \$20. The doctor's memory agreed with the patient's that this seemed a little high, and upon checking back, the doctor announced that the bill should have been for \$3.00.

The patient hesitated. "But that seems a little low, doctor," he said. "We had more than one visit."

The doctor made another search, at the end of which he announced the true amount was \$9.00.

The patient left without paying his bill.

It isn't so much the record system as the way it is used.

as he dreamed. To be honest, we should have read and reported this book here long before it became a best-seller; having done so at last, we understand *why* it has become a best-seller, and that is not because it is sensational, but because it is great literature.

It has some ideas, economically speaking, for the physician whose patients are not dukes and princesses, but sales managers and clerks. Any man who can treat a countess, a dog, and a monkey in the same office, with equal success, has a personality it would pay to read about.

The publishers are E. P. Dutton & Co., Inc.

We have heard of at least one lawyer who has his own full-time physician, but we have never heard of a physician who employs a lawyer to sit beside him in the consultation room or stand at the foot of the operating table ready to answer legal questions.

That is why, in our opinion, "Medical Jurisprudence," published by C. V. Mosby Co., should be in a definite and accessible place in the doctor's library.

The author is Elmer D. Brothers; the broader subjects covered are courts and procedure, evidence, expert witness, license, contractual relations, employment and compensation, agreement for surgical operation, obligations imposed by law, civil and criminal malpractice, false representations, anaesthetics, insanity, and statutes of limitations.

Reference by a layman at law is simplified by bold-face paragraph headings.

"Testing before Investing" (McGraw-Hill) is one of the simplest and best guide books to the stock market ever published. Edmond E. Lincoln wrote it.

—THE MANAGING ED.

"The Story of San Michele" has turned out to be a non-fiction, best-seller of the year. The author is Dr. Axel Munthe, pupil of Charcot, practitioner among European royalty, a physician who never sent bills, who lived

Everybody's Business

By FLOYD W. PARSONS

A MERICAN business is going to do a lot of traveling in the next few years. Life will be carried rapidly to a new and higher plane. People will be thinking thoughts and dreaming dreams that only a few visionaries now contemplate.

Ships will be equipped with radio two-way telephone service. All countries will be linked together in vast networks of telegraphic communication, making it possible for people living on the opposite sides of the earth to exchange messages with the speed of light, 186,000 miles per second.

Million-watt broadcasting stations will soon be in use. 40 per cent of the nation's population live 75 or more miles from any broadcasting station, so in order to build up the radio industry rapidly, high-power licenses will have to be issued to practically all of the broadcasting organizations. With only 79 wavelengths available for exclusive use in the United States, it is essential to expansion in regions not now served that the largest possible broadcasting power be used on each of these 79 channels.

Already a 400,000-watt experimental station is under construction. The next step will be the "million-watt broadcaster"—the 1000 kilowatt unit. 1000 kilowatts, which is 1300 horsepower, may appear to be a prodigious amount of energy, but single radio tubes capable of delivering 200,000 watts have already been created, and it is not a far cry to the grouping together of the necessary number of tubes to develop a million watts. The result will be the adding of impetus to radio-set sales in vast areas not yet reached.

Singing radio beacons and talking lighthouses are now made possible by the photo-electric-cell, and very soon such apparatus will not only be sending out beams of light to guide mariners, but will also be conveying information and news to every ship within sight of its rays by voice modulation of the light source. Passing ships will be able to converse with these "talking lighthouses" by means of photo-cells operating telephones which produce in sound the voice vibrations transmitted as pulses of light and darkness in the light stream. Each lighthouse may be distinguished by the musical melody, or theme song, it sends forth.

Airplane beacons will also be identified by the tunes they play. Telephone conversation with avia-

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Photo by Ewing Galloway

LOOSE - LEAF MINDS NEEDED

Imagination will become reality when the Graf Zeppelin ties to the mooring mast on the Empire State Building. It may be within a year.

tors aloft will be carried on over light beams, making it unnecessary to use the over-crowded radio channels.

Radio saturation, although frequently mentioned is far off. Near at hand are amazing developments such as the rapid radio ticker for stock and other quotations, which will be as automatic and satisfactory as the present types of wire tickers. Right now there is a race between manufacturers of clocks to produce the first radio-regulated time pieces. This means that the watch of the future will keep observatory time so long as it is running.

Just over the horizon are cheap radio outfits with telephone trans-

mitters, which will be produced in quantity and sold to people who want to converse by voice with friends and associates, not only in other towns and cities, but in foreign countries.

Very soon broadcasters will learn to use microphones in a way to give the effect of natural sound, which is now largely lacking in many presentations.

Broadcasting will be tremendously improved. The leaders of radio have come to understand their great responsibility. The agency they control is the voice of humanity itself and has its effect on every human mind. It is not being overlooked that a patient, but critical public, may one day rise, up and punish the radio industry for any lapse of honesty or fairness.

Radio will tear down the secrecy that has surrounded diplomatic negotiations. It will further the cause of peace, foster international good-will and unite the countries of the earth in bonds of commercial relations.

Before 1940, television may be a commonplace in our business and social life. [TURN TO PAGE 93]



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Sleep Clinic

By DONALD A. LAIRD, Ph. D. Sci. D.

Colgate University Psychological Laboratory

THE physician in his office, and the psychologist in his laboratory—what a combination

for the pursuit of research!

I am about to describe an opportunity for correlating the work of these two branches of science, and to request particularly the cooperation of individual physicians in gathering data on the subject of sleep.

An intensive experimental study of sleep has been under way in the Colgate psychological laboratory for the past seven years. A special laboratory in which eight young men serve as experimental subjects has been established in the century-old Onderdonk mansion on the college campus, in addition to the general facilities which are available in the psychological laboratory.

The program of investigation up to the present year had been directed toward discovering facts about normal sleep and common factors which may lessen the "rest units" of normal sleep. Metabolism, blood pressure and muscular relaxation curves throughout the entire sleep period have been determined. The effect of everyday influences, such as noise disturbances, very soft, very hard, sagging and tilted beds has been studied and found to give indications of unfavorable consequences both on

Donald A. Laird is one of the best known scientific writers today. He is the author of the section on sleep for the *Cyclopedia of Medicine*, for *Collier's Encyclopedia*, and of the section on work and fatigue for *Oxford Medicine*.

the above phenomena during sleep that is otherwise normal, as well as producing an exaggeration of feelings of fatigue the following day.

The effects of curtailing the sleep period to 75 per cent of the time usually spent in sleep has been studied and it was found that this increased the metabolic increment incidental to doing difficult mental work during a fifteen minute period, although the speed and accuracy of the mental work was not affected. This increased increment, of course, is probably due to the need of added muscular tonus in concentrating attention rather than to a heightened metabolism of nervous tissue.

Contrasts have also been drawn in other phases of the experiments between the feelings of fatigue which result from loss of sleep and those resulting from physical exertion. The following have been found to be characteristic feelings resulting from inadequate sleep: a tendency to yawn, difficulty in following a line of thought consistently, flashes of peculiar and dream-like ideas, unusual effort needed to start to do work, easily distracted from the work at hand, a tendency either to laugh at the least ex-

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*Eminent Author, Educator and Authority,
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"Because of the thoroughness and reliability of its action and the impossibility of excessive effect, it (Castor Oil) is the purgative of choice for delicate invalids and infants, in pregnancy, and in patients with hemorrhoids or anal fissure." (Page 53, "Useful Cathartics")

"It is possible so to refine this (castor) oil that, providing it is protected from the influence of the air, it is almost devoid of odor and taste. Such oil is obtainable under the trade name of "KELLOGG'S TASTELESS." (Page 55, "Useful Cathartics")

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or to be inordinately cross.

The feelings of fatigue more characteristic of physical fatigue are: perspiration without exertion to cause it, difficulty remembering, impatience, skin itchy and creepy, taste in mouth, disinclination to talk, and necessary to listen closely to hear ordinary conversation. It has also been found that these feelings, whether from loss of sleep or from physical work, are most readily counteracted—when there is no disease process involved—by sleep or relaxation, or by the ingestion of large amounts of the more quickly assimilated carbohydrates; proteins and fats have yielded equivocal results.

More practical phases of sleep were first studied a year ago when cooperation was secured from 509 men who are distinguished in American life and letters, including twenty-eight physicians who are national figures. This survey revealed that nearly sixty per cent noticed ill-effects when they obtained less sleep

than ordinary, with an outstanding tendency for these effects to be most noticeable at age thirty-five. We were astonished to find that slightly more than seventy per cent reported difficulty in going to sleep of a degree that was of more than passing interest, and that more than forty per cent were troubled with wakefulness during the night. Difficulty in going to sleep increased almost directly with age, while wakefulness during the night increased as the square root of age.

These data indicated a serious need for an intensive study of methods of overcoming these two very common sleep disturbances. The information obtained from the distinguished men was not especially definite regarding the methods they found most helpful in overcoming these common sleep troubles; three per cent used sedative drugs, slightly fewer used alcohol and the same number found a hot bath most beneficial; ten per cent obtained



A "human guinea pig" has just retired in this sound-proof test chamber in the sleep laboratory, for an experiment on the effect of noise on blood-pressure during sleep. Technician Florence Hahn is taking the subject's pulse, and Dr. Laird, the author, looks on. The two rubber tubes lead from a sleeve-band on the subject to a graphic blood-pressure recorder in an adjoining room. The loud-speaker generates noises while the subject is asleep.

Promptly relieves Pain - Burning - Frequency in acute urinary infection

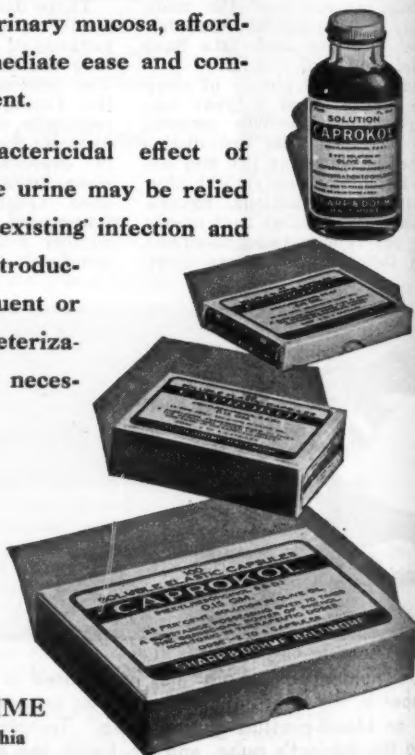
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The active bactericidal effect of Caprokol in the urine may be relied upon to check existing infection and to prevent its introduction when frequent or prolonged catheterization becomes necessary.

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most help from drinking food concentrates dissolved in warm milk shortly before retiring.

The present work of the Colgate sleep laboratory is being focused on a comparative evaluation of the effectiveness of a warm bath, moderate physical exercise, and a warm drink on promoting sleep. The nine "human guinea pigs" in the sleep laboratory are going to bed two hours earlier than is normal for them two nights a week and the relative helpfulness of these three methods in promoting sleep is being studied for this artificially induced difficulty in going to sleep. The applications of the findings from this particular experiment, however, may be limited since it is not a spontaneous sleep trouble characteristic of the individual with which we are working.

It thus becomes very desirable to secure similar records from individuals who are actually troubled with a moderate disturbance of their sleep. To this end the laboratory is seeking the cooperation of physicians who have ambulatory patients free from noticeable organic involvements in whom the principal complaint is a moderate amount of trouble sleeping.

Small booklets which will fit conveniently into the patient's pocket have been prepared for obtaining a three-day record of the patient's sleep; there is no mention of this laboratory on the booklets.

One booklet is to be used for a three-day record of the patient's usual sleep, a second booklet for a three-day record of his sleep on nights when a warm tub bath has been taken just prior to retiring, a third booklet for a three-day period when a warm drink has been taken, and a fourth booklet for a three-day period when a brisk ten minute walk has been taken before retiring.

The laboratory will be glad to supply physicians with sets of

these booklets for use with their patients who have these moderate sleep disturbances without a discernable organic or pathological basis for the disturbance. The booklets would, of course, be returned to the laboratory for study together with the similar data received from other physicians.

A specimen of the data which is obtained from the patient for one day follows:

Check each of these to describe *last night's* sleep:

1. Did you take a *warm* bath before going to bed?
2. Did you take a *cold* bath just before going to bed?
3. Did you take a few minutes physical exercise just before going to bed?
4. Did you do any serious thinking or planning just before going to bed?
5. When you went to bed were you looking forward to the next day with pleasure?
6. Did you feel *sleepy* when you went to bed?
7. Were you *mentally* tired when you went to bed?
8. Were you *physically* tired when you went to bed?
9. Did you go to sleep almost immediately?
10. Did you go to sleep in a few minutes?
11. Did it seem to take an hour or so to go to sleep?
12. Did ideas running in your head make it difficult to go to sleep?
13. Did you wake up during the night? How many times? For about how long?
14. Do you recall being restless during the night?
15. Did you get up during the night?
16. Did you wake up spontaneously in the morning without being called or using an alarm?
17. Did you stay in bed for about five minutes or more after awakening?
18. Did you awake easily?

Check any of these which describe how you felt on getting up *today*:

well rested
slightly tired
muscles stiff
cheerful
easily irritated
"peppy"
somewhat lazy
hungry
taste in mouth
effort to move muscles
difficult to think
noises in head
nervous
absent-minded

Check any of these which describe your activities *yesterday*:

ill
in pain
unusual physical work
taxing mental work



Technique: Kromayer Lamp, using tonsil applicator or Sharpe Localizer. Second degree erythema, the entire tonsil should be rayed. Crypts filled with caseous material should first be cleansed out to allow a thorough radiation of the entire tissues.

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Twenty-five years ago Hanovia pioneered in the development of Quartz Mercury Vapor Lamps for Ultraviolet Light Therapy. Today the use of Hanovia equipment by physicians and hospitals is world-wide, and much of the clinical knowledge and technique of ultraviolet is founded on the use of the Hanovia Alpine Sun and Kromayer Quartz Lamps.

Successful treatments of infected throat conditions with the Kromayer Lamp have been reported by authorities. Marked reduction is often noticed after the first radiation.

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Please send me your literature describing
Hanovia Quartz Lamps and their application.

Dr. _____

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evening social function
enjoyed food
under emotional strain
smoked heavily

What time did you go to bed last night?
What time did you get up this morning?
How much time did you spend in naps
yesterday?

The data obtained from this cooperation will not only be of tremendous helpfulness in the laboratory's attempt to make general comparisons of the merits of these three home-spun remedies for moderate sleep disturbances, but should prove helpful to the physician in studying his individual patients who have these disturbances.

The author will be glad to give personal attention to all requests for the data booklets.

Malpractice Threatened

By HAROLD J. ASHE

"I TELL you doctor," said the patient apologetically, "I haven't any money now, and I'm out of work, but as soon as I get another job I'll pay you."

The doctor in question (and he is a real doctor, practicing in a Pacific coast city) agreed to such an arrangement. He could do little else. He had set a fractured arm for the patient and, to use the time-worn expression "could not get blood out of a turnip."

Such cases are common in the professional life of every physician. Unfortunately for the doctors their degree of frequency is great enough to figure seriously in the year's net income.

Many wise such a potential bill off the books immediately and call it a day, charging it up to charity. Others take the patient at his word and bide their time

until he gets a job. Then they start sending bills. Not infrequently they collect. However, failing in all else they threaten suit.

In the case cited, the patient came right back and with the declaration that if suit was instituted in small claims court, he would counter with a malpractice suit. This threat is an old one. Perhaps the frequency with which it is used is due to a good reason. Many who threaten to bring malpractice suits succeed in scaring the unadvised doctor out of several nights sleep. The imaginative doctor visualizes scare heads in the newspapers:

DOCTOR BLANK DEFENDANT
IN MAL-PRACTICE SUIT

\$20,000 Asked For Alleged Negligence

On the one hand the physician wishes to collect a \$25 fee. On the other hand he is threatened with a \$20,000 suit, which, even though he feels confident he will win, will result nevertheless in untold damage to his professional standing in the community.

What does the doctor do? Invariably he drops the bill, and that is the last the patient hears about it.

This Pacific Coast doctor, however, doesn't stop. For a year he doesn't bother the patient with any more bills. By the end of that time the statute of limitations prevents the patient bringing a malpractice suit. Then he goes ahead and files suit in small claims court (a bill not being outlawed for three years).

His bill is assigned, so that the doctor's name does not appear in the records; an assistant goes with the assignee to give testimony, and usually the suit goes to the plaintiff by default.

Procedure such as outlined is all quite painless for the physician. He at no time is endangered by a suit, and in the end he collects his money, regardless of threats.

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Babies MUST Get their Minerals from Milk!

In the nutrition of infants, milk takes the leading role. Its protein, fat and carbohydrate content is definitely known. The iron content in natural fluid milk is about 0.0002 per cent.

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Send for samples and new booklet: The Iron Content of Dryco.

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Hospital Frankenstein

By JACOB S. ROSENTHAL, M. D.

A PUBLIC may possibly be able to exist without a physician, but no physician, as such, can exist without a public.

That is just one reason why it is necessary, in holding discussion on the economics of medicine, to think not only of the financial status of one's self and one's colleagues, but also to consider the financial status of the patient. Though either side sees economics in terms of self, the two sides are indissolubly bound, one to the other.

One phase wherein the patient, in my opinion, has been too little considered in this respect, is hospitalization. We are today faced by a giant of the profession's own creation, a monster gone amuck, a veritable Hospital Frankenstein!

The value of our hospitals from a medical point of view cannot be denied; the value from an economic point of view is another matter.

In their origin, hospitals were a place for the sick to stay in until the patient either got well or died. They were supported by state or charity. With the advancement of modern medicine, the hospital became more important. Additions were made; equipment added and replaced until, today, the multiplicity of functions and management and the cost of operation are such that the whole constitutes a burden that a major portion of the public cannot bear.

At the start, the surgeon sold the idea of hospitalization very thoroughly; he in turn was immediately followed by the other members of the profession, until now one of the first questions asked by a patient at a consulta-

tion is usually, "Will I have to go to a hospital?"

If the patient can afford hospitalization, the question can be very easily answered. If he cannot afford to go, one questions the moral right of any physician to send a patient when that patient can be attended satisfactorily in the office or in his own home.

The insistence on part of the profession is slowly but surely putting into public clinics and hospitals that which rightfully belongs to the profession, and in the end will do away with the fees necessary to the livelihood of the physician.

Very few hospitals are designed from start to finish with the idea of real economy. Most of these institutions represent so much space and equipment that, year in and year out, a heavy toll is extracted from all paying patients in order that the plant may be kept running. To operate many of these institutions economically is simply an impossibility.

There has also developed a class of help, essential to the operation of the hospital which, year by year, has demanded more and more. No one, least of all the physician, questions their right to be paid more for what they do, but the fact remains that whatever they get adds to the burden of the patient, which is a serious consideration.

We must have hospitals, naturally. But it would be far better to junk some of our existing plants, than to attempt to carry on with something that must eventually squeeze the life blood out of us all. One need not spend time arguing about state medicine; the over-use of hospitals

will put us there whether we wish or not.

General hospitals for the use of charity patients will probably always be with us, but for our private cases special hospitals designed for the most rigid economies, are going to be the thing to save the day. Ponderous organization will have to give way to simple administration where the utmost is achieved in the allotted space and with the allotted help. Neither the public nor the profession can stand the present parasitic overgrowth.

The public must be brought to see that here is an economic waste that must be avoided, and this de-hospitalization of the public is one of the hardest things the profession will ever have to do. One must remember that the hospital has often been used as a matter of convenience to the public; often it has been a sheer luxury, simply a means of escape from every-day life. We must realize that no matter to what use the hospital may be put, the profession of medicine will be charged with the resulting high cost of medical care. Our blame is inevitable so long as some remote connection with the medical profession can be discerned.

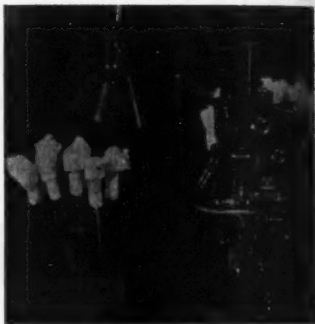
The hospital has unfortunately been used many times by physicians as a means of enhancing fees. If this merely resulted in a simple increase of fees to the physician, it would be intolerable enough, but the hospital charges add to the growing burden to the patient. Often as a result he fails to pay the physician. The public has been sold on the idea that what is done in the hospital is necessarily better than that done elsewhere, which is true in some cases but not in all, and the public must be made to see just that.

Hospital control has been in the hands of surgeons for a number of years, and unfortunately the surgical viewpoint does not always coincide with the viewpoint of economy. The American College of Surgeons dictates the

policy of the institution and the hospital board the actual administration. The first fits the institution as a whole; the latter as it affects local conditions and the individual.

With this control of hospital activities also in many instances goes the control of medicine, for many institutions dictate just how the physician should conduct himself with regard to his practice, his hospital affiliations and his public.

Probably the greatest injury is done by the inflexibility of the system which is designed first to meet the needs of a few of the profession in certain localities. But needs vary as the localities vary, and the policy, management and control of the hospital should be in the hands of the local physicians, who should rule the hos-



pital rather than the hospital ruling the physician.

The activities of the hospital should be directed towards itself and under no condition should a lay board of control ballyhoo the public in an attempt to meet its needs. That matter should be in the hands of a general board of physicians. Too much indiscriminate philanthropy with self-aggrandizement as a background, has put people on hospital boards who have utterly no right to be there. The practice of the pro-

profession is now unnecessarily clouded by these philanthrophies.

There are at the present time many men who question the claim of the American College of Surgeons concerning the ultimate aims of the organization, as expressed or understood. They see instead a greedy selfishness that is undermining the happy faith that once existed between colleagues, and replacing it with suspicion and distrust, and the ratings and control of hospitals as simply a means to an end.

The cure of this is dehospitalization so far as possible. We resent any activity on the part of the government to control our profession and yet we allow one tiny body to dictate our policies and practice. If this body were taken from the whole of the profession, it would arouse far less resentment. It is entirely probable that the general surgeon is doomed to pass away, and that no little part of it may be ascribed to his ambitions in hospital control, and through it the control of the profession as a whole. With the specialist doing his own surgery the lot of the surgeon is bound to become precarious.

Many medical diagnostic adjuncts are lodged in the hospitals, and it is often the case that the cost of the adjuncts plus the cost of the hospitalization, exceeds the fee charged by the practitioner. The hospital has not been averse to supplying adjuncts as a means of bolstering its income, but the charges usually have been such as to meet the needs also of the physician or technician supplying the adjunct. At any rate the average charge has been too high. It has furnished a basis for the charge of

adjuncts, outside of the hospitals, that is also too high. Of course many men connected with this department of the profession will deny this statement, but any man who is alive to the complaints of the public will know that the statement is correct.

Even the large pharmaceutical houses have not been idle in the question of charges for the newer drugs, and the prices put upon them are such that in many instances the physician who would like to use them must seriously think of his patient and weigh the absolute necessity for them.

It may be that in the end some if not most of our difficulties would be met by the ownership and operation of hospitals by the state. The charges would be reasonable and possible deficits met by taxation. The same might be said of the diagnostic adjuncts. The scrapping of existing equipment would be a difficult matter, but could be achieved gradually by the state. This would raise a hue and cry from some but it would put the hospital forever out of politics and out of the hands of meddlesome philanthropists, and out of the practice of medicine either directly or through some governing board.

Hospital practice differs from practice in the home. The man who is reasonable in his demands upon the patient in the home, very often seems to lose all sense of proportion immediately a patient arrives in a hospital. He puts too much dependence on the diagnostic adjuncts, and very often his orders for treatment may border on the ridiculous. At home his patient rests quietly in bed and the best of all healers has an even chance to help. The pa-



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SINCE 1895 Sal Hepatica has been the approved laxative and cathartic for flushing the intestinal tract and for promoting internal purification, without creating a condition of tolerance.

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tient is not disturbed with unnecessary treatments.

This is not all the fault of the physician; many patients seem to demand just this sort of thing and feel that they are not being properly treated when they do not get it. Regardless of who may be at fault in this, the fact remains that the burden of costs increases with the demands of service, and it should be seen that unnecessary things should be done away with as far as possible.

The question of hospitalization should not be difficult to answer. A patient should be hospitalized: (a) when under no other conditions can he get adequate treatment; (b) when he demands hospitalization and is able to meet the extra cost of both physician and hospital; (c) when conditions at home make satisfactory treatment impossible; (d) when demands upon other members of

the family are such as to seriously impair their health or earning capacity.

One cannot forget that modern life, with its shirking of responsibility on the part of home-makers, is responsible for much over-hospitalization; but it must be shown by the physician that the best interests of a family do not lie in laziness and a hazy attitude toward health.

In a last analysis the welfare of a physician is bound up with that of his patient, and the hospital is nothing more than an adjunct to successful treatment in selected cases. Just so long as hospitals remain dictators; just so long as hospitalization increases unnecessarily the cost to the patient, that long will the individual practitioner continue to suffer.

We must cease running in circles before this hospital Frankenstein.

G. P. or G. I. P.?

By E. L. WORTH, M. D.

It was when I left college and began my internship, that I first met that celebrated American institution known, affectionately or otherwise, as the great G. P. Possibly it may be considered a confession of ignorance, that on this first occasion it was necessary for me to inquire what the letters G. P. stood for. The answer, of course, is something which every medical man should know.

My first actual contact with this species was when a child was brought into the hospital, who had carefully stuffed a moth-ball up one nostril. After a little juggling, the intruder was dislodged, whereupon the mother

blossomed out into a full fledged G. P.

With an air of determination she produced from her purse a couple of dollars and pressed them into my hand. When I objected that this was strictly against the rules of the hospital, she replied: "If you can't take it here, come out into the yard. I'm going to give them to you anyway."

So out into the yard I went with my first G. P., there to receive my initial fee in the practice of medicine.

After that incident, it was not difficult for me to understand the enthusiasm of my fellow internes for what seemed to us a glorious



TRADE MARK **Quinisaal**

for Colds — Grippe — Influenza

A prompt and effective remedy in febrile and painful conditions . . . Quinisaal is non-irritating to the gastrointestinal tract, has a prolonged action and does not depress . . . The adult dose is 4 to 8 grains repeated 4 to 6 times at intervals of two hours. Literature sent on request.

Quinisaal is supplied as 4 grn. tablets in tubes of 10 bottles of 50, 250 and 1000. B-9

MERCK & CO. INC.
MANUFACTURING CHEMISTS RAHWAY, N.J.

institution, the G. P.; a study of the habitat and characteristics of this species soon became an interesting side-line.

Up to the time when I was ready to leave the hospital and enter upon private practice, my attitude toward the G. P. as a class was one of almost reverent affection. But as the years have passed, this feeling has undergone a change, until now it had become something quite different. Two cases will serve to explain this change of mind.

The first was a difficult forceps in a little country town, with no one to assist or give an anaesthetic. The fact that it was the thirteenth child should have served as a warning. At the conclusion of the case, the father, a saloon keeper, insisted on presenting me with a flagon of red wine. I do not know much about such things, but this was undoubtedly the most expensive wine I ever bought; it cost me just seventy-five dollars. At least, the flagon was all I ever received in return for my services in that case.

Another incident stands out in memory. It was a case in a country home, ten miles from town; no nurse, and again no anaesthetist. A non-engaged vertex, requiring version and forceps. Afterward, there were two emergency calls because the mother chose to indulge in attacks of hysteria. The people would accept no refusal when they invited me to join them in an excellent country dinner—chicken and all the fixin's. It was an exceedingly good dinner, but it cost me just ninety-five dollars, which is rather more than I am in the habit of paying for a meal.

There have been a number of other similar experiences, all leading to the same conclusion. Now, when a patient shows signs of overflowing gratitude, and tries to offer me any sort of a gift, I gently but firmly refuse and send my bill with greater promptness than usual.

Should I now find myself face to face with a patient who presents the well known signs of the G. P., I repel his advances, at the same time looking him squarely between the eyes. And what I see there is very often a letter I. This closer inspection is all that is required, many times, to see that instead of G. P. it is only G. I. P.

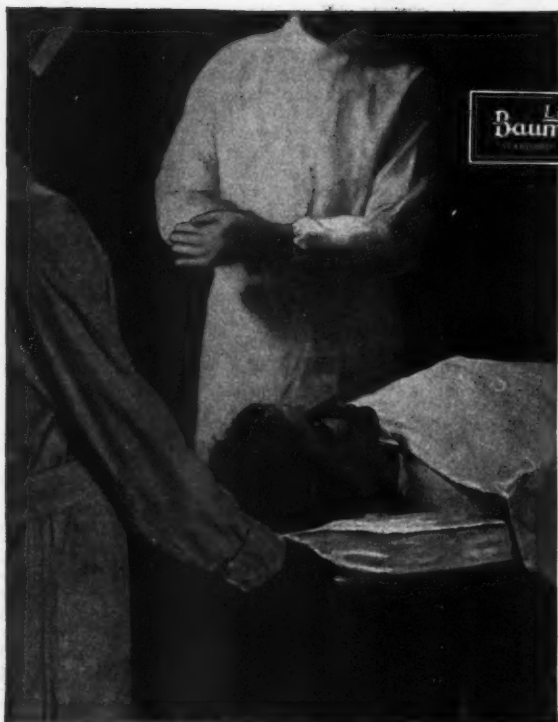
To Make Parent Health-Conscious

AS the result of a campaign by the physicians of Kings County, New York (a section of New York City) the percentage of children showing certificates of health examination by the family physician, was raised in one group of schools from 2% to more than 69% in one year. Of 1,445 children entering this group in October, 988 brought a report of physical examination by their own doctors.

This accomplishment was brought about by calling the attention of the health department personnel, school principals, teachers, parents, and the physicians themselves, to a law requiring certificates of health examination from children entering school.

The county society reports that it intends to follow up the work of examinations by teaching parents to secure the necessary medical attention when defects are reported.

In this project the society has the cooperation of the Brooklyn Tuberculosis and Health Association, and every effort will be made to establish a permanent health-consciousness on the part of the parent.



CONFIDENCE

The delivery room, with life at stake; the doctor ready and confident. His periodic examinations have been made with meticulous care. Accurate blood-pressure knowledge has been a great aid in the pre-natal preparation . . . thanks to his Baumanometer.



W.A. Baum Co. Inc.-Originators
and Makers Since 1916 of Bloodpressure Apparatus Exclusively

100 Fifth Avenue,

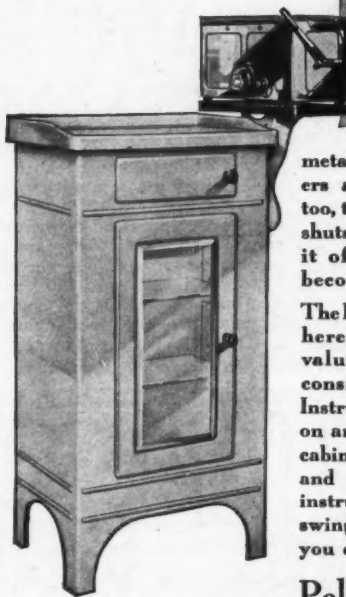
New York

THE **KOMPAK** MODEL

Smallest—Lightest—Handiest

Don't worry Doctor

. . . . if your sterilizer runs dry . . . providing, of course, it's a Pelton . . . because they are built throughout of copper, brass or bronze, without rivets, soldered seams or fusible



metals of any kind and the boilers are all one piece . . . then too, the Pelton main line cut-off shuts the current off and keeps it off as soon as the boiler becomes dry.

The Pelton Clinic Model, shown here, represents an unusual value for the small office. It consists of a standard Pelton Instrument Sterilizer mounted on an attractive one piece steel cabinet, having a plate glass door and shelves and a removable instrument tray concealed by a swinging panel. May we send you complete information?

Pelton & Crane Co.

Detroit, Michigan

PELTON

ADJUSTABLE AUTOMATIC

Sterilizers

No. 2116—Clinic Model Cabinet with 16 inch nickel finish instrument sterilizer, \$82.00. Chrome, \$90.40. Cabinet in other than standard white finish \$5.00 extra.

of the Memphis Bureau, the share unit was \$10, the capital \$2000).

3. From the stockholders elect a Board of Directors, from whom the officers will be chosen.

4. Secure a competent manager, preferably an experienced credit man, and one or two clerical employees. Place them under bond, and let them do their best, subject to the policies and supervision of the Board of Directors.

5. Give them cooperation by turning in accounts while they are still simply overdue, and not dead. Cooperate also by getting the full name, correctly spelled, of new patients, the residence and business address, occupation, and one or two references.

I said last month that the Physicians' Business Bureau, Inc., is more than a machine for turning out paid accounts. It is in fact, as its name implies, more of a business bureau than a credit bureau.

The Bureau helps its members by sending around a representative who is able to straighten out the books, also by keeping a file of credit information available by telephone, and by placing the friendly relationship between physician and patient first, and the collection of the account second.

Recently the Bureau sent out one of its periodic bulletins, from which I quote:

"When services are rendered to a husband, wife, or child, make your charge to both the husband and wife. This procedure simplifies collection in the following cases—

- (a) when the husband dies, leaving a sum of insurance.
- (b) when the husband takes the benefit of the bankruptcy act against your bill, or
- (c) when the husband turns over all of his property to the wife.

"Your records should indicate who requested the service.

"Ordinarily, the husband is liable for necessities, such as doctors' services, rendered to his wife, or to minor children living under the parents' roof."

The same bulletin advises:

"The Workmens' Compensation Statute of this state provides for

only \$100 worth of medical services, which includes physician, nurse, medicine, and hospitalization. The employer cannot be held for an amount in excess of \$100 unless special contract is made with the employer.

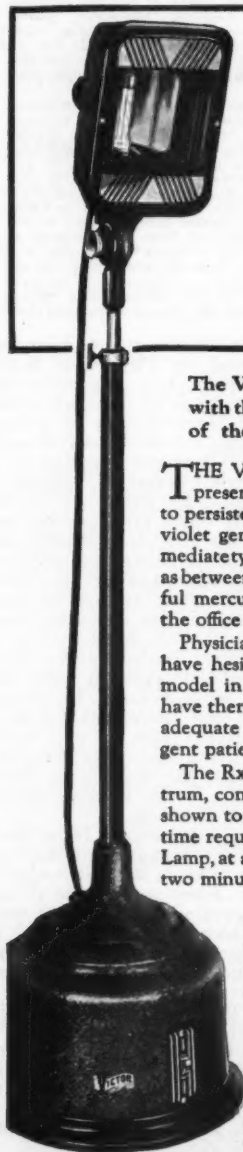
"If you cannot get the employer, or his insurance carrier, to agree to exceed this limitation for medical services, then you should arrange with the employee personally to pay the excess, and records and bills should be charged to the employer and employees jointly. It is advisable to secure authorization to exceed the limit from the employer or insurance company in writing, and also to bear in mind that if the total medical expense is to be more than \$100, the various items, including your services, will be paid pro-rata."

Quoting these extracts from the bulletin of the Physicians' Business Bureau, Inc. may serve the double purpose of illustrating the Bureau's service, and of giving the reader a hint or two he may use in his own practice.

Another interesting feature is the method by which one of the Bureau's office staff, called the "telephone girl" supplements the activity of the collectors, the men who circulate through the territory calling on debtors. A telephone call is less expensive than a personal trip, and often just as effective. Therefore the "telephone girl" attempts to reach the patient by telephone. If the patient is not there, she leaves a message for him to call back, giving a number other than under which the Bureau is listed in the directory; in other words, a "blind" number.

When the patient calls back, some such conversation as this ensues: "This is Miss Brown talking. Dr. Jones wanted me to call you regarding your account with him, which is long past due. If you want to pay the account please go to the Physicians' Business Bureau—"

The Bureau's filing system is, of course, an important part, in fact the frame, of the collection machinery. A description of it, however, even if I were able to set it down accurately, which I am not, would be practically un-



When You Prescribe **Ultraviolet** **Treatments** *in the home*

The Victor Rx Quartz Lamp may be specified with the assurance that, under your supervision of the case, it is of real therapeutic merit.

THE Victor Rx Quartz Lamp is an addition to our present line of professional models and the answer to persistent inquiries from the profession for an ultraviolet generator which could be considered an intermediate type, from the standpoint of ultraviolet intensity, as between the usual so-called home lamp and the powerful mercury-vapor quartz lamp used by physicians in the office and hospital.

Physicians who use the mercury-vapor quartz lamp have hesitated to suggest the use of the standard office model in the home, because of its high intensity, and have therefore desired, for selected cases, an outfit with adequate output, and still safe in the hands of intelligent patients under the physician's supervision.

The Rx Quartz Lamp has a typical mercury arc spectrum, containing in sufficient intensities the radiations shown to have important biologic effects. The average time required to produce a mild erythema with the Rx Lamp, at a 30-inch tube-to-skin distance, is from one to two minutes, which gives some idea of its effectiveness.

The purchase of this type of therapeutic lamp by the layman must necessarily require the approval of his physician, and if you, therefore, wish further particulars regarding it we shall be glad to send them on request.

GENERAL ELECTRIC
X-RAY CORPORATION

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FORMERLY VICTOR X-RAY CORPORATION

Join us in the General Electric program broadcast every Saturday evening over a nation-wide N. B. C. network

intelligible to anyone but a filing expert. So perfect is the filing system, at any rate, that a member may call the Bureau at any moment during business hours, and find out, with a five-minute delay, exactly what the status of an account is at that moment.

For the medical group proposing to establish a collection apparatus of its own, I recommend, in the matter of a filing system, one of two things: call in a filing expert, and present him with the general scheme outlined in this article, or make a visit to Memphis, armed with a copious supply of paper and pencils, and even camera and film, with which to study the filing system there. For the bookkeeping system, the same recommendation applies.

I feel that I should inject a word here on receipts. These small, but important documents fit in at every step of the process, from the written acknowledgement sent to the doctor upon receiving his list of accounts, to the final stub of the check transmitting payment to the doctor. The collectors are equipped with receipt books, the blanks being in duplicate. Upon being given payment, no matter how small, the collector fills out and hands over a receipt to the debtor. At the end of the day his carbon duplicates are turned in at the office and totalled; the collector is responsible for the amount shown by the total.

This, then, is how a successful medical credit bureau operates, a Bureau which has collected very close to one million dollars worth of accounts in its nine years, which can give out accurate credit knowledge on well over 125,000 individuals, and whose pending claims, so pronounced is the cooperation of its members in forwarding accounts, now amount to \$600,000.

These are the credit wheels into which \$73,000 worth of new accounts were poured during one month of 1930, credit wheels

turned by a staff of workers consisting of six stenographer-clerks, eight collection investigators, two deputy sheriffs, a woman representative to serve and stimulate interest among the members, and a manager-attorney to supervise the work of all.

From this point on, Dr. H. B. Everett, President of the Physicians' Business Bureau, Inc., will complete the story:

"We are regularly incorporated under the laws of the State of Tennessee, with a charter, and the members of the medical profession own the entire stock of the organization. This was done to get the management of the Bureau out of the local medical society, but to retain its management in the members of the local society—the former dealing almost exclusively with scientific matters, and our organization dealing exclusively with economic matters.

"From the stockholders of the organization we elect a Board of Directors, and from the Board of Directors we elect the officers. The Board meets once a month and discusses problems with our manager, Mr. E. P. McCallum, and also deals with routine problems such as the setting of salaries for our employees.

"We have found that the organization has been of great benefit to us, because it has taught people to pay bills which hitherto had been neglected. We supply credit information to our members only, from our files as we have it. This does not in any way constitute a black list, as credit information passed on to our members is for their use and guidance, and they are perfectly free to see any patients they choose and either to charge the account, or ask payment in advance, as they see fit.

"We have accumulated a surplus fund from which to meet emergencies if any arise. We have not paid dividends because the Bureau is not a money-making organization, other than to make

Their Springtime



THROUGHOUT the days of babyhood and early childhood the question of strained vegetable feedings is one of the most important questions the mother must meet. The broad educational effort of the medical profession is stimulating her appreciation of basic purposes and values.



The Gerber Strained Vegetable Products—Specially Prepared—Strained—and Ready-to-Serve contribute accuracy, convenience, uniformity, and regularity to lay observance of strict dietary regime. In advertising the Gerber products we urge mothers to consult the baby's doctor regularly on the important question of diet. We emphasize the important conservation of vitamin and mineral salt values achieved through the Gerber process of preparation, but we urge the mother at all times to give her baby the advantage of individual professional counsel on any of the questions of *how* or *when* or in *what quantity* the Gerber products should be used for her own individual baby.

In an effort to maintain in our advertising contacts with the public as professional an attitude as we could—we have perhaps failed to give adequate emphasis to the convenience and economy of the products. Because of their highly specialized nature—and the small size of the 4½ oz. container in comparison with ordinary canned foods—some mothers may regard the product as expensive. For this reason, in future Gerber advertisements to the laity, the mother's attention will be directed to the thought that she could hardly purchase for the price of a can of the Gerber products a supply of market produce of equivalent nutritive value, to say nothing of the time and cost of preparation. There is no waste—nothing to be discarded when the Gerber products are used. We feel that mothers should understand that the Gerber products are not in any sense a luxury—but that any mother may enjoy for her baby the advantages the products offer—not as a luxury, but day after day as an economy in time, and effort, and money.

GERBER PRODUCTS DIVISION
Fremont Canning Company, Fremont, Michigan

Special 19 oz. size
now available
for institutional use

Strained Peas
Strained Green Beans
Strained Carrots
Strained Vegetable Soup
Strained Spinach
Strained Tomato

Packed 12 cans to the case

If your jobber can't supply
you—send us your order
on institutional or professional letterhead for
immediate express shipment
at \$4.00 per can.
Underscore items desired.



Gerber's
STRAINED VEGETABLES

ME-4



all collections possible.

"I think practically all the physicians in the city of Memphis will agree that the Physicians' Business Bureau, Inc., has been of great benefit to them in collecting accounts they otherwise probably never would have received.

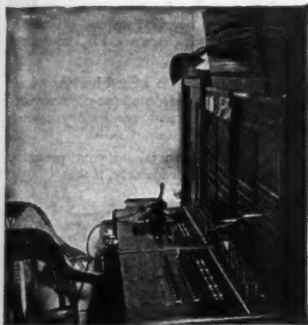
"Since our organization has been in operation there have been similar bureaus opened in other cities. In a number of instances we have been asked to help with advice, and by explaining our own system; this we have always been glad to do. We have tried to assist every regularly organized body of physicians making inquiry concerning our organization and will continue to do so.

"I believe that if medical credit bureaus came in time to be es-

established out of our own surplus. We operate at approximately \$2000 a month overhead cost, and our assets now stand at more than \$15,000.

"One special word of advice to medical bodies wishing to form a similar organization is this: don't start out too ambitiously! Don't begin with a large bureau at first; start with one or two employees, help them learn, and learn with them, and gradually add on as needs require.

"One necessary thing is the cooperation of the profession. The most pleasant feature for the members of our bureau is that unexpected check on the first of the month!"



Why Store Employees Quit

R. H. MACY & Co., New York department store, made a five year investigation of the relation of health to labor turnover, and decided that approximately 7% of all employee separations are due to health reasons. In the selling department of the store the average was higher—11%.

Health cases were more frequent in the spring than in the fall. Women employees left more frequently than men because of health conditions. The store management is instituting the practical measures of health education, adjustment, selection, study of physical conditions, and periodic physical examinations in an effort to decrease labor turnover.

The figures are taken by the *Personnel Journal*, a publication devoted to industrial psychology.

established in every city of size in the United States, we would eliminate the losses so frequently experienced by dealing with fraudulent collection agencies as well as the frequent damage to good-will of patients suffered from the same source.

"All of our employees are bonded, not on the assumption that they are dishonest, but as a plain business protection to our members. At first this was handled by a bonding company, but now our employees each pay the Bureau itself \$150 for a bond

In Pregnancy and After



Samples, of course,
if you wish



WHEN you have to provide for the increased metabolic requirements of the gravida—for her calcium needs—if she needs building up and protection (particularly if there are TBC contacts), or . . .

when you wish to afford her the added resistance to infection (particularly of the intestinal and respiratory tracts) conferred by Vitamin A—

She will keep on taking your prescription gladly and regularly, if it is

White's
Cod Liver Oil Concentrate
(ORIGINALLY COD-LIV-X)

Little wafers—as easy to take (swallowed or chewed) as fruit drops—each one containing 250 Vitamin A units—more than required for N.N.R.—and 100 Vitamin D units—and you can control your dosage.

**During Lac-
tation, Too—**

White's Cod Liver Oil Concentrate has an excellent effect on both mother and infant without any of the "oiliness" taste or gastric objection.

HEALTH PRODUCTS CORPORATION, Newark, N. J.

R-7

Mental Healer

A COMPETITOR OR HELPER ?

By LOUIS J. LEWIS

A New York physician of prominence recently deplored the fact that in four recent cases of neglect where patients had died unnecessarily under Christian Science, no action was taken by the Boards of Health after these had been duly notified.

The fact is that under existing laws which grant "religious freedom" to all, crimes of such nature may be safely committed in the name of Liberty by a highly organized and financially strong group protecting itself under the cloak of religion.

Great zeal in protection of the interests of the public on the part of political office holders, can not be expected when one takes into consideration an elaborately organized body of people, with a daily newspaper of over 100,000 circulation, ready to lend the united support of its solid block of over 200,000 members to any party or individuals likely to aid in securing or maintaining protection for them by legislation or tax law enforcement.

Nor can one expect an office holder of state or city to fear undue publicity, should he happen to be lax in the performance of his duty, when one understands the Church's influence with a majority of the press.

It is not at all uncommon for a large advertiser, a Christian

Louis J. Lewis was formerly a practitioner in the Christian Science Church. In a controversy over a religious novel "Penetrating," he broke connections with the Mother Church and organized the Christian Science Liberals. Later he abandoned this movement to join the executive staff of the Church of the Universal Design, another offshoot of Christian Science radicalism. He is a writer, radio lecturer, and practicing "metaphysician."

Scientist or one acting under Christian Science influence through family or friends, to notify a newspaper that his continued patronage depends upon the "killing" of certain news items not conducive to the welfare of the Church. Many stories could be related of heated arguments between advertising managers and city editors over Christian Science news.

There are also hundreds of editors who have been influenced to bar practically everything relating to Christian Science because they feel that it is not worthwhile to go through hectic experiences with Church representatives and others mobilized for their influence the day after a critical item has appeared. In other words the system centered in Boston has succeeded largely in gagging the press.

There is another side to the question of Christian Science influence. Many medical men have stated honestly the belief that patients may be greatly benefited when medical and surgical science and religion can work together. From sincere and disinterested motives physicians of-

THE LANCET (London) SAYS:

"It (Kutnow's Effervescent Powder) is now recognized as a valuable addition to natural aperient medicines."

'CONTAINS
No
SUGAR



KUTNOW'S Effervescent POWDER

A World Famous Natural Saline
Alkaline Aperient.

In cases of auto-intoxication resulting in acidity, acid indigestion, bad breath, irritability, sleeplessness — Kutnow's Powder is exceptionally efficacious.

For trial bottle gratis, send coupon.

S. KUTNOW & CO., Ltd.
121 Varick Street, New York City

Also makers of Kutnow's Anti-
Asthmatic Powder and Anti-
Asthmatic Cigarettes.

S. KUTNOW & CO., Ltd.
121 Varick Street (M.E. 3)
New York, N. Y.

Send me trial bottle of Kutnow's
Effervescent Powder.

Dr.

Address

City..... State.....

ten advise their patients to try "Christian Science," or some other form of mental healing. They have not appreciated the danger of this indiscriminate advice.

Some of these healing cults educate their adherents with the dynamic force of religious zeal to shun all medical aid, even to prefer to die rather than to call a doctor or take medicine. Christian Scientists consider medical help a "denial of God." They urge their followers to discount the centuries of progress of the medical profession, with its noble work for the alleviation of human distress and its notable successes in combating disease and suffering.

Such opposition to medical methods is sheer fanaticism. But, on the other hand, the doctor who does not encourage confidence in sincere and intelligent spiritual help and does not understand its value is leaving out an essential factor in the patient's recovery. There is no reason why a competent trained metaphysician and a liberal minded physician should not cooperate for the best obtainable results in healing. There can be no conflict in such an intelligent cooperation.

Therefore, with all due respect to the many sincere healers in Christian Science and the relatively few metaphysicians practicing in that Church, it is well that medical practitioners be conscious of the general lack of mental equipment for such serious work that prevails within that field. When the situation is investigated, it is found that the motives which impel taking up the practice of Christian Science healing are not always altruistic.

The motives vary in detail but included among the many thousands of practitioners are many men and women who have failed in other pursuits; widows who are forced to earn money and have no business training; unmarried men who discover an

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easy and pleasant way of making a living; women with time hanging heavily on their hands, some for social advantage, and some people who capitalize their avocation and use it to gain the confidence of patients in order to sell them something.

How are practitioners created? Every member of the church is told that he should heal the sick as part of his religion, and no examination or official sanction is requisite for one who decides to open an office and hang up a shingle. But the "authorized" ones who use the initials C. S. after their names and advertise in the official publication of the church, are they who have taken a two weeks course of "class instruction" at a cost of \$100 often paid in small installments.

Mrs. Eddy established the precedent in her own teaching of giving the course of lessons and obligating the student to pay for them out of his earnings after he began to "practice." To gain official recognition and the publication of their names in the "Journal List," healers are required to send in three letters from patients who have been "healed." The sicknesses described vary in nature from "pains" to "mental surgery." The letters from those healed are returned to the newly created practitioners without any qualified investigation by the church authorities.

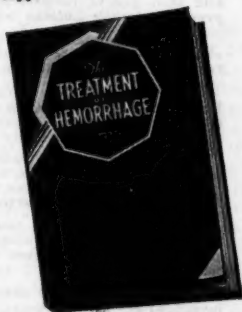
While Christian Science practitioners are instructed to obey medical and health laws, special stress is laid on the fact that they must not practice medicine. Practitioners have often been disciplined by their church officials for "working with doctors." However, it is not unusual for a zealous healer to give advice on diet; to recommend the eating of prunes, drinking of hot water in the morning; taking off eye glasses; dispensing with arches in the shoes; or eliminating other bodily aids prescribed by physi-

The Treatment OF Hemorrhage

THIS important and interesting subject is dealt with in a concise and informative way in a new book we have just published, under the above title.

This book gives, in a brief and authentic manner, information on the accepted procedures in practice for the control of various types of capillary bleeding.

We will be pleased to send the physician a copy free of charge. The coupon below is for your convenience in requesting a copy.



FLINT, EATON & CO.
Decatur, Ill.

The Pioneers of
CEANOETHYN

Reg'd U. S. Pat. Off.

The Blood Coagulant

FLINT, EATON & COMPANY,
Decatur, Ill.

Gentlemen: Send me, without obligation, copy of your book, "Treatment of Hemorrhage."

Dr.

Address.....

M. E. 8



Puretest COD LIVER OIL

Vitamin - tested

Vitamin - protected

LOFOTEN—Norway—north of the Arctic Circle is the source from which comes every drop of Puretest Cod Liver Oil.

Only the cod which are caught during January, February and the first week in March are used, for this is the season when the livers are richest in vitamins; the fish having recently spawned and then gorged themselves with the vitamin-rich algae which is prevalent in the Lofoten waters.

As the temperature is around freezing, and only twelve hours elapse between catching and landing the fish, the livers reach the factory in perfect condition.

To maintain the uniform medical potency of Puretest Cod Liver Oil, beginning at its source it is subjected to the rigid control of Professor E. Poulsen, director of the Pharmacological Department of the University of Oslo.

The purpose of the scientific investigation of the vitamin content of Cod Liver Oil is not merely to establish the presence of vitamins, but to determine the quantities in which they occur—to find a measure for the activity of the oil.

Professor Poulsen's tests of Puretest Cod Liver Oil show that it has a Vitamin A content of not less than 50,000 U.S.P. units and a Vitamin D content of not less than 13,333 Oslo units in each 100 grams.

This information is not only the result of Professor Poulsen's investigation at the source of supply, but proved by such an authority as Dr. Charles W. Hooper of the H. A. Metz Laboratories.

Puretest Cod Liver Oil is usually imported in batches of approximately one thousand barrels to a shipment. Protected from deterioration by inert nitrogen gas. A certified biological analysis accompanies each shipment.

Upon receipt of a shipment from Norway, each barrel is inspected and tested by our own Analytical and Research Department and no oil is used that does not merit the high quality standards of the United Drug Company.

Puretest Cod Liver Oil may be obtained in any Rexall or Liggett Drug Store. We will be glad to provide any further information desired by the Medical profession regarding Puretest Cod Liver Oil. Physicians are invited to ask for samples for clinical test.

Write to the Medicine and Hospital Department.

UNITED DRUG CO., Boston, Mass.

Laboratories at

Boston, Mass. St. Louis, Mo. Toronto, Can. Nottingham, Eng.

cians or trained specialists.

Medical practitioners frequently fail to realize the far reaching evil effects resulting from professional advice lacking due deliberation and fuller information. A well established physician of New York informed the writer that he usually sent his incurable patients to the Christian Science Church. He said, "I'd prefer to have them die there." But is that wise? Let us consider a hypothetical case which illustrates many real ones:

One of these so-called incurables, with the background of his physician's advice, enters a Christian Science Church with hope. He meets a healer of the Church who *promises* him healing. He is always told there is no question about the power of Christian Science to heal him.

The practitioner, usually with a pitifully meager mental equipment and little experience, speaks with an air of authority; a positive tone tempered with sincere compassion. The patient is deeply impressed. Hope soon develops into abiding faith, treatment is begun for a fee approximately that which a physician would charge and daily encouragement builds up a mental resistance to the disease. Under the laws of mind over matter, the patient naturally soon feels better and manifests the outward appearance of better health. At the psychological moment the practitioner pronounces the patient healed! The patient rejoices and is then primed for public testimony as to his "cure."

At a weekly church meeting the patient tells his story with deep emotion before the eager audience most of whom are in search of health. With rapt attention they listen to the statement of the man who had been "pronounced incurable" by his physician who generously recommended Christian Science. In "gratitude to God and Mrs. Eddy," which is the phrase universally used, he de-

scribes his complete cure. Then arises the danger.

After the meeting, groups of sufferers innocently gasping in amazement surround the smiling speaker of the evening. He is usually impressed by this new experience and expands, perhaps unintentionally, the facts. Who can tell how many of these awe-stricken listeners may some day, as a result of the testimony, succumb to diseases which could have been easily cared for if understood in time? But how many of these pathetic victims will be notified when the "cured" patient, sent to Christian Science by his doctor, dies?

In contrast:

Consider the results that may be accomplished under the same circumstances by a trained metaphysician, working in understanding cooperation with the patient's physician.

Such services are available to the medical profession, for example, among members of the Church of the Universal Design, a sane and progressive development from Christian Science, the American headquarters of which are at 475 Fifth Avenue, New York City. Possessing a background of many years of practical experience in mental healing, these practitioners devoid of superstition and fanatical and dangerous notions running counter to common sense and human experience. *They will take no case without the full knowledge, consent, and cooperation of the physician in charge.* They meddle in no way with the directions of the doctor as to drugs or any other medical methods, confining their work to the removal of fear, worry, despair, self-condemnation and other mental states which hold the patient in bondage. This work is accomplished from a spiritual as well as from an intellectually psychological standpoint. Thus the patient's consciousness becomes peaceful, and confi- [TURN TO PAGE 79]

A DUAL ATTACK

IN THE treatment of rheumatism outstanding authorities emphasize the value of associating salicylate medication with alkalis. By means of this combined attack the acid toxins of the bacteria of rheumatism are neutralized, and at the same time it becomes possible to bring about a lessening of the cardiac dilation associated with rheumatic disorders.



To insure safe and effective alkalization, the Wm. S. Merrell Company — pioneers in salicylate medication — have combined Merrell's Natural Salicylate with a *balanced alkali* in one formula—

ALYCIN

Alycin enables the physician to push the dosage of salicylates at the outset of treatment, without the danger of setting up untoward side-effects.

Alycin is indicated in the treatment of rheumatism, arthritis, colds, influenza, the neuralgias, and all conditions wherein the salicylates are used.

We invite you to write for a trial package of Alycin and full literature so that you can submit the product to a test.

**The Wm. S. Merrell
Company**
CINCINNATI, U. S. A.

THE WM. S. MERRELL COMPANY
Cincinnati, Ohio
Dept. M.E. 3

Send me a sample of ALYCIN and full literature.

Dr. _____

Address _____

40 Shapes and Sizes

WHY NOT MAKE THEM STANDARD?

By DR. RAYMOND L. DE LONG

I WILL venture to say that 99% of all literature received by the physician from manufacturers and supply houses is unsuited for filing in any practical or efficient way for future reference.

In looking over my desk this morning I find the following range of sizes of pamphlets and booklets: by actual measurement: $3\frac{3}{8}$ by $6\frac{1}{8}$, $3\frac{1}{2}$ by $6\frac{3}{8}$, $3\frac{3}{4}$ by $5\frac{3}{4}$, $3\frac{3}{4}$ by 6, 4 by 6, $4\frac{1}{4}$ by $6\frac{3}{4}$, $4\frac{1}{4}$ by 7, 5 by 8, 5 by $6\frac{3}{4}$, $5\frac{1}{2}$ by $8\frac{1}{2}$, $5\frac{1}{4}$ by 8, $7\frac{3}{4}$ by 10, 6 by 9 folded and 9 by 12 open, $5\frac{3}{4}$ by 9 folded and 9 by $11\frac{1}{2}$ open, $5\frac{1}{2}$ by $8\frac{1}{2}$ folded and $8\frac{1}{2}$ by 11 open.

For a long time I have been impressed with the tremendous economic loss, and the confusion in the office of physicians, because of the lack of cooperation between advertisers in producing literature, most of which makes an early exit via the waste basket, sometimes still in the wrapper.

Why? Because most of this literature is prepared and sent out in impractical and unsuitable sizes and forms.

One glance at the range of sizes listed above is convincing of the confusion which exists in this field and the utter impossibility of providing separate filing cases for all sizes. Even if the physician were to go to the trouble of filing everything according to size and shape, how could he possibly index or locate the material thus filed?

It might just as well have gone into the waste basket on arrival without being detoured through

the filing case, which leads us to the conclusion that much of this material might just as well never have left the printer.

I believe that the average physician of today wishes to be progressive, wishes to be systematic and efficient, wishes to keep informed on all new instruments and products of value and wishes to preserve the literature descriptive of these items for future reference.

I believe he wishes to cooperate with the reputable manufacturer and supply house.

But under what a handicap he labors! Perhaps he is especially busy when mail arrives containing literature or a bulletin describing some new article; he is sincere when he resolves to give this literature proper attention at his earliest convenience, which may be a few days later. He lays it aside. Perhaps it becomes mixed up with papers to be thrown away. Perhaps it gets buried under some medical journals. At any rate, before an opportunity to get around to it arrives, it is gone.

If he thinks of filing this material, he is immediately overwhelmed with the wide range and variety of sizes, shapes and forms which are fine for anything else but filing, so he finds his attempts toward progress and system again blocked at this point.

And is it any wonder that we soon find him among the majority ranks of those who have sincerely tried but sooner or later are forced to realize that they are up against an impossibility.

There is also a general eco-

IN PNEUMONIA

Support the heart with

During the crisis, life depends on how ably the heart can bear up under the increased burdens placed upon it. All clinicians agree that, when cardiac failure impends, supportive measures are urgently indicated.

In this emergency and especially in its prevention, rapid benefit follows administration of a combination of epinephrin and hypophysis cerebri—*Pit-Ren*. Cardiac distress is relieved, the blood pressure elevated, and the force of the heart sounds materially increased. At the same time, dyspnea is mitigated and diaphoresis promoted.

Used early in pneumonia, *Pit-Ren* may effectively prevent cardiac embarrassment during the crisis.

Literature free upon request

The dose is 1 cc. administered subcutaneously or intramuscularly, never intravenously. At the crisis, this dose may be repeated twice at intervals of twenty minutes.

Pit-Ren is supplied in 1 cc. Hyposols (ampuls) in sterile normal saline solution with chlorbutanol as a local anesthetic; also, capsules for oral medication.

PIT-REN

(Reg. U. S. Pat. Off.)

THE DRUG PRODUCTS CO., INC.

Pharmaceutical Manufacturers

26-33 Skillman Ave.,

Long Island City, New York

Manufacturers of Pulvoids Natrico for High Blood Pressure

onomic angle to all this. Why a ton of advertising material going into medical waste-baskets when a few pounds of carefully prepared literature, in such shape that it can be systematically and efficiently filed for future reference will supply the needs and demands and actually reach the intended goal?

Of course there are those who argue the frequent appeal but what percentage of the frequent appeal type of advertising copy actually reaches its intended goal? The booklet which is prepared so it may be conveniently filed would appeal to physicians far more than much of the flashy type one sees so much of these days.

The purpose of this article is to bring the matter to the attention of those who can improve on the present system, or lack of system, of direct mail advertising to physicians. It is possible, with proper cooperation, for all these organizations to get together in the adoption of one standard system, so that one cabinet will receive and file literature from John Smith & Co. beside that from Bill Jones & Co.

Then can the physician reach for this information in his files at a moment's notice and without loss of time and his good disposition.

The Evaporated Milk Association has taken a step in this direction and are now sending out direct-mail pieces to physicians on the 8½ by 11 inch sheet folded in the middle into a 5½ by 8½ booklet so that it may be filed in either of these sizes, both of which are standard.

I believe the 8½ by 11 inch to be the more practical size and the one which will meet with the most general approval, and I would suggest that such sheets be punched so that they may be filed in a standard loose-leaf binder full size of sheet.

I believe that once such a standardized system is adopted it will prove far more productive of

results to the advertiser than the present variety of forms, and would be interested to know how other doctors feel about it.

Mental Healer

[FROM PAGE 75] dence, hope and expectancy of recovery are stimulated to prevail.

Many of these practitioners offer their services to the medical profession without compensation, if need be, in order to prove the efficacy of their cooperation.

The Christian Science Church denies parentage of this modern movement; quite naturally so, in view of the doctrine and practices established by Mrs. Eddy.

How Much Goes to the Physician?

P EOPLE with an income of less than \$2000 spend on the average \$71.48 annually per family for medicine and medical care. Those with an income of approximately \$5,000 spend \$311.06 annually per family. These figures are taken from a survey of 4,560 families, by the Committee on the Costs of Medical Care, Washington, D. C.



Attacking the G-U infection Orally

The descending antiseptic action of Mallophene is its most striking property. Orally administered, Mallophene affords convenient means of continuously passing an antiseptic through the kidneys and entire urinary system, thus tending to sweep out infections already present, and to prevent external infections from ascending. Coupled with the antiseptic action of Mallophene are healing and analgesic effects. These properties are the underlying reasons for excellent results following its use in G-U infections, such

as:

CYSTITIS - - GONORRHEA
PYELITIS - - PROSTATITIS



MALLINCKRODT CHEMICAL WORKS,
Dept. 21, St. Louis, Mo.

Please send me commercial size sample
and literature on Mallophene.

Mallinckrodt

MALLOPHENE

He Who Knocks You

PROBABLY OWES YOUR BILL

By P. B. LONERGAN, M. D.

WHEN a patient begins knocking a doctor to me, the first question I ask him is, "How much do you owe that doctor?" In the majority of cases I find that I have struck a vital spot.

When you have led a patient into the practice of paying cash, you have made a friend. When that patient needs medical attention again he comes back to you, and he is not ashamed to face you. Too often when credit is given, the patient is afraid to return to the same physician and visits another, even going so far as to knock his first doctor bitterly and without reason.

Since the publication of my article "Cash is King" in November MEDICAL ECONOMICS, I have received many inquiries as to just how a cash system may be applied in the practice of medicine and surgery.

There seems to be an impression among the American public that there is a law which compels a doctor to administer to the sick every time he is called, regardless of whether or not he is paid, and irrespective of the status of the case from the angle of charity. This impression, as every medical man well knows, is absolutely false. If it were true, the doctor would probably have passed out of existence long ago.

How such an impression ever originated, I am unable to say, but very likely it came about because certain patients read the Oath of Hippocrates which many doctors have framed and hung on the walls of their offices—and

from it conceived the idea that a physician does not have to be remunerated, even by patients who are perfectly well able to do so.

They fail to realize that the physician has only his services for sale, and that the man who comes to him for attention is also selling his services to someone in the form of labor and energy, either physical or mental—and you may be sure that the latter demands his wages or salary when pay-day comes around, refusing to work longer if his employer does not pay him promptly.

Is not the doctor, then, also entitled to a pay-day? Certainly, but if the patient fails to appreciate that fact, he is certainly not so much to blame as the doctor who fails to call attention to it. If attention is not called to the matter of payment at the time medical services are rendered, or beforehand, the class of patients I have in mind quite naturally get the impression that the physician is not in need of such a lowly material as money, and proceeds to spend his salary for some luxury.

The public must be taught that medical services must be paid for, that the doctor is not selling credit. The physician himself is the only teacher available, and if he will only have backbone enough to make it plain to his patients that he expects compensation, or an arrangement for compensation, for his valuable service at the time of rendering, he will save himself many sleepless nights and much undue

ACID STOMACH

The New Colloidal Treatment

In an effort to get away from the many well known objections which apply to the alkaline antacids, a new and improved method has been evolved for the safe and effective treatment of hyperacidity.

It involves the use of a *non-toxic* colloidal type of aluminum hydroxide known as Alucol, which adsorbs *excess* of hydrochloric acid forming a colloidal gel and permitting continuance of proteolytic digestion.

This is vastly different from the old method of chemical neutralization.

Alucol avoids the secondary rise of acidity which has been shown to follow excessive use of alkalis in the stomach. Further, it cannot produce systemic alkalosis, as it is not an alkali and is not absorbed.

Why not try Alucol in conditions where it has proved so highly successful in clinical practice—gastric secretory disturbances characterized by hyperacidity. Reports testify to its undoubted value in the treatment of gastric and duodenal ulcer.

Let us send you a trial supply, together with full literature. Use coupon below.

ALUCOL

(COLLOIDAL HYDROXIDE OF ALUMINUM)

THE WANDER COMPANY,
180 North Michigan Avenue,
Chicago, Ill.

Dept. M.E. 3

Please send me, without obligation, a container of ALUCOL for clinical test, with literature.

Dr.

Address

City

State



worry as to how his long list of accounts is to be collected.

Of course, as we all know, there are cases of emergency, when a patient is overtaken by sickness or accident without sufficient funds to pay for services at the time, but if the physician will only impress upon his patient the fact that he must make some arrangements as soon as possible for taking care of his newly acquired obligation, the point will be won, and a valuable lesson learned. I am not speaking here of the charity case, which any true physician is glad to treat without thought of payment.

It seems to me that the medical profession has borne too heavy a share of the burden of society for a long enough period, and that a halt must be called sometime. If every medical man will make just one New Year's resolution, and appoint himself a committee of one to teach his patients to pay for services at the time they are rendered, he will be doing himself and the other members of the medical profession a great good. His patients are bound to have more respect for him and for the profession as a whole, and at the same time to lessen his chances of spending his declining years in poverty.

\$4,000,000 in Health Centers

THE New York City Health Department, under the direction of Commissioner Wynne, has begun action on an ambitious plan to build 16 health centers, located at strategic points throughout the city. The plan is

to build four health centers a year, at a yearly expenditure of one million dollars.

Residents of each district served by a health center are urged to bring their problems; those able to pay the fees of a private physician are advised to consult a family doctor. Those not able to pay a physician are given the information they seek and are directed to agencies which will care for them.

Complete medical service is provided to children of indigent citizens, including vaccination and immunization against diphtheria. A pre-natal health service for mothers is provided.

One of the chief advantages of the health center plan claimed by the health department is that it is enabled to keep in unusually close touch with health conditions—to know the daily health status in almost every block throughout the city.

Health Commissioner Wynne makes this statement:

"Primarily the object of the health center program is to improve the health and living conditions of the poor in every congested district in the city. It is generally conceded that those able to pay the fee of the doctor will take their health problems to him. But there are many who never call upon a doctor until they are seriously ill, in fact there are too many of this class. Now while the health center was planned to cater to the needs of the poor and does that, it is nevertheless imperative upon health officials through these health centers to strive to educate the masses on the necessity of health preservation. The health education facilities of the health center therefore must be tuned to reach not only the poor in the district which it services, but must place before every resident of the area the necessity for bodily hygiene, home sanitation and the strict adherence to the rules of health."

HEAD COLDS

Recently the cause of colds has been ascribed to a change in the blood chemistry: it being reported that there is a decrease in the bicarbonates of the blood plasma and tissues. Also, that the secretions of the nose and throat in the common cold are found to be less alkaline than normal. Such findings would indicate a disturbance of the alkaline balance, in other words, a mild acidosis.

As a supplementary treatment in head colds, the mild cleansing properties of ALKALOL, used as a nasal spray or douche, afford much comfort.

ALKALOL, being of lower specific gravity than the blood, is drawn inward to the cell itself, actually feeding it with important salts.

By restoring normal tone to depleted cells, it aids in building up their resistance to germ infection. It assists rather than antagonizes Nature. May we send you a sample for personal trial?

***The* ALKALOL COMPANY**
Taunton, Massachusetts

-----Mail the Coupon-----

ALKALOL COMPANY,
Taunton, Mass.

Gentlemen: Please send samples of ALKALOL.

Dr. _____

Address _____

M. E. M

That \$100-a-year Plan

WILL IT AVOID STATE MEDICINE?

By C. H. KENNEDY, M. D.

THERE are a number of things it would be interesting to know about the Cooperstown Co-operative plan, described in January MEDICAL ECONOMICS.

Is the Mary Imogene Bassett Hospital a private institution or public?

Are all the doctors of the community on the staff?

If not, how will it affect those not associated, in their private practice?

Are these doctors members of their county and state medical societies and how is the enterprise looked upon by these associations?

Are there not at least a few families in the community who can not pay \$100 per year and how will this plan care for the average and below average family of the community?

One hundred dollars a year is more than the average family pays over a period of time for medical and hospital care.

One year seems hardly long enough even to get any kind of plan into good operation much less to test the merits of the plan.

We have here in our own county, two institutions run on a similar plan that have been in operation for two or more years but they are run by a small group of doctors who have been expelled from the county and state societies on the grounds that it is contract practice and unethical. Their charge per family however is but two dollars per month for a limited service which excludes chronic cases of previous origin, and takes obstetric

cases at special rate.

They commenced by personal solicitation of membership, and testified in court they at one time had 2800 members. As stated, the plan is frowned upon by the organized societies but seems to meet with a considerable favor by the public.

Some plan of this kind seems to be coming into demand and to be more popular with the public, but it is not especially the families who can afford to pay as much as \$100 per year that are taking to it so readily. It is rather those less able to pay and those on whom any moderate-sized bill works a hardship, and it is this class for whose benefit it is going to be demanded.

It would seem that some way could be devised whereby those desiring to take advantage of such a plan could pay so much a month the same as they are now accustomed to pay for nearly everything else they buy, and have the schedule of pay so arranged that the man of small earning capacity would pay a small fee and let it be graduated upward according to the earning capacity of the individual or the family.

The plan should be such as to take care of the slow pay, poor pay, and no pay patients we are already caring for and receiving little if any remuneration for our services. The family in the \$100 class can care for its self pretty well.

It should give good services and charge not according to the services performed but rather so a man could [TURN TO PAGE 141]



This Young Lady demands nourishing food!

Food is one of childhood's most important considerations. So many of the vitamin-rich foods are distasteful to children that they incline to the other extreme and cultivate a taste for foods which are anything but nourishing.

The delicious food-drink—Ovaltine—has made it possible to supply the child with that between-meal nourishment which children demand, without putting any extra strain on the digestion, and at the same time providing essential mineral elements and vitamins.

Ovaltine makes a splendid bedtime drink for grown-ups, too. It helps to produce sound, refreshing sleep which is so essential, especially to the convalescent.

Let us send you a regular size can, for trial in your own home.

OVALTINE

The Swiss Food-Drink

Manufactured under License in U.S.A.
according to original Swiss formula.

THE WANDER COMPANY,
180 No. Michigan Avenue
Chicago, Ill.

Dept. M.E. 3

Please send me a regular size package of Ovaltine, FREE.

Dr.

Home Address

City..... State.....

Bad Accounts

[FROM PAGE 19] 3. And finally there are the "poverty" and the "dead-beat" cases—the one group being financially incompetent to pay for the luxury of a private physician's services; the other group being out-and-out defrauders, who live on the gullibility of creditors and never pay for anything if they can avoid it.

The first group can be almost completely eliminated by simply using the common sense procedure which the credit department of a large store uses when a customer asks for credit

- (a) The doctor or his secretary should get *complete* information about the new patient. This information should include correct spelling of his name (*printed* or *typed* on record card), with given name in full, both residence and business address, occupation, one or two references, phone number, etc.
- (b) The patient's name and address should later be checked in both phone and city directories and, in cases likely to involve a large credit, inquiry of the references and even of the employer should be made, unless the patient's standing is already well known. Affiliation with a reliable retail credit association, if one is available, is well worth the cost, for the purpose of checking up new patients and learning the rating they have as to payment of bills.
- (c) A statement for services during the current month should be mailed without fail on the first of the following month as a special check on the address given. If it is returned by the post office, lose no time in try-

ing to trace the patient to his new address.

In the case of the second group, those who have real or fancied grievances, it is nearly always wise to follow the policy of such firms as the Statler Hotel, whose slogan is "The guest is always right", or of a large Chicago mail order house whose slogan is "The customer must be satisfied."

The doctor's problem here is not quite as easy of solution as is the similar case in a commercial firm, because the matter in dispute is much more *personal*.

If a bed spring is defective, the merchant can blame it on the manufacturer, or replace it. If an operation, or a series of treatments has not yielded satisfactory results, acknowledgement of it by the doctor reflects directly on his skill or judgment; at least that is the way he is apt to feel about it, and because of that he is loath to compromise on cases of this kind. He would rather stand his ground and lose



the money, than accept a compromise settlement.

I have found by experience that a doctor can stand his ground and still effect a compromise settlement. This can be done by tactfully saying in a letter or verbally to the patient that while no doctor can guarantee results in dealing with

any human ailment, and while he knows in his own mind that every reasonable effort was made for the best interests of the patient, yet if the patient does not feel satisfied with what was done, the doctor does not want anything to which he is not entitled. Then leave it up to the complaining patient to decide what he thinks is reasonable. A few patients will take undue advantage of this generous policy, just as a few guests do at the Statler, but on the whole the majority will play fair and do what is right.

From a collection standpoint, it is better to accept a compromise settlement even to the point of canceling the entire charge, and hold the good will of your patients who have a grievance, than to try to "bull it through" via a collection agency. In the latter case, you usually get no more money out of the claim, if indeed you ever get any, and at the same time you incur the patient's enmity, the full damage of which it is impossible to estimate.

As for the third group, the "dead-beat" class and the "poverty" cases, the surest and best way to eliminate them is to follow the procedure outlined above for the first group. The very process of securing complete information about them will scare most of them away. They will probably never return for a second treatment.

As in medicine so it is with the experienced credit manager on the matter of collections—the one basic principle to follow is expressed in the word Prevention. The first step toward elimination of the bad accounts problem is to keep them from getting into your files at all.

But even though this business-like procedure is followed, you will still have delinquent accounts accumulate that call for special attention. Here, again, the common sense method of the

modern credit manager can be applied from *within* the doctor's office with far better results than ever will come from turning over the accounts to an outside agency.

This can be done either by developing a technique of your own, or by engaging the services of some business management organization that specializes in this work. For the doctor whose practice has grown to an annual gross of \$10,000 or \$15,000 or more, the latter plan is almost invariably better, because it relieves the doctor entirely of responsibility in that part of his work.

In the set-up of any business, be it large or small, there are three major functions to perform. They are commonly referred to by Business Economists as Production, Marketing and Finance. In the doctor's business set-up, it is obvious that he is primarily the Production Engineer of the firm. He is the technical expert on whose knowledge and skill the successful "output" of the firm depends. Unfortunately, the doctor's business is almost of necessity, a "one-man" business, so that on him also devolves the marketing problem of the business. He has to know not only how to produce his "goods," but how to sell them, as well. In both these respects, he must develop those talents within himself. No outsider can do much for him except by the indirect method of counsel and advice.

The finance and credit phase of his business, however, can be supervised by a specialist, and that much of the burden placed on other shoulders. Many clinics and others physician groups have long since found the need for a full-time business manager whose job it is to see that records are properly kept and the receivables given constant attention. For the physician working alone, however, a full-time

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business manager is out of the question.

But there is now in several cities an organization (the Editor will give the name on request) that specializes in providing this service for the single, or small physician groups on a basis that is mutually profitable. Thus the physician can enjoy all the advantages of a full-time business manager at a very moderate cost, with results that not only bring in from \$2,000 to \$5,000 more per year of net income from the average practice, but that also eliminate entirely the need for worry about bad accounts, collection agencies, tax reports, overhead costs, and all the other business details that so often disturb the doctor's peace of mind.

By this procedure, the losses from bad accounts are reduced to the absolute minimum, and the doctor is thus entirely free to give his whole thought to the one job for which he is especially fitted—and usually the only job he really likes—namely, the practice of medicine and the alleviation of human ills.

Father, Mother Son--All M. D.s

[FROM PAGE 17] central piece furniture is an antique, hand carved bookcase and secretary and an early American atmosphere in maple has been built about this article. Windsor chairs, maple divan and chair and colonial lamps give the place a certain restful charm.

A beautiful cabinet was added to the senior Dr. Sanger's office. The junior Dr. Sanger's office was completely refurnished in the latest manner with all apparatus enclosed. And Dr. Winnie Sanger's office was refurnished in a most delightfully feminine manner, with wicker and cretonne

divan, long shimmering mirrors on the wall and color everywhere.

The family maintains two cars, which they find adequate. They do no Sunday work except in emergencies, which allows them opportunity to enjoy one day of real home life.

Everybody's Business

[FROM PAGE 41] We already have home talking motion-picture reproducers, but this kind of equipment is now costly and complicated in its operation. However, when a thing can be done, even in an expensive fashion, it is only a matter of time until the cost of the operation will be brought within the economic reach of the multitude.

Television programs will require the transmission of 20 pictures or more per second, each picture the equivalent of somewhere between 5,000 and 10,000 picture elements. New channels of communication will have to be provided in space and they must be made relatively free from electrical interference. This is a tremendous task, but when it is accomplished every home equipped for radio reception will become an art gallery. The treasures of the Louvre and other

ANGOSTURA

Dr. SIEGERT'S

The familiar flavor powerfully masks unpleasant drugs. A stomachic—aids the flow of digestive juices; a carminative—expels gases; an appetizer—often effective in the most stubborn cases of anorexia, during convalescence, following prolonged illnesses; in secondary and pernicious anemias and in wasting diseases, tuberculosis, etc. *Eliza Ang. Amari Sgt.—a. s. Send for sample.*

J. W. WUPPERMANN
ANGOSTURA BITTERS AGENCY, INC.

Suite 1, 14 East 40th St. New York, N. Y.

ELECTRO-SURGERY IN RADICAL BREAST OPERATION

In discussing the use of electro-surgery in the extirpation of the malignant breast Drs. Kelly and Ward of Baltimore summarize its advantages as follows: (1) Lymphatics, capillaries and small blood vessels sealed. Reasonable hope this closure of lymphatics will lessen liability to local recurrences. (2) Few or no ligatures used. Elimination of ligatures helps keep hands out of wound. Operation done with hands at a distance, lessening chance of infection. (3) Primary union is the rule; actual depth of tissue destruction on each side of acusector one-tenth millimetre. Easily possible that primary union is promoted because of sterilization of skin edges. (4) Reduction of ligature material no mean economical saving.



Model F Endotherm *{the electric knife}* simple to operate. Surgeons who have used electro-surgical instruments comment upon the simplicity of control of the new Westinghouse Model F Endotherm. They seldom find it necessary to touch a knob after controls are set. Furthermore, the Model F has a capacity equal or exceeding the best apparatus heretofore available, but costs only about one-third as much.

Westinghouse X-Ray

Westinghouse X-Ray Co., Inc., Dept. B-3, Long Island City, N. Y.
Send me bulletin describing new Model F Endotherm.



Dr.

Street.....

City..... State.....

great museums of art will then be able to extend their cultural influence to millions of homes.

We will witness a rapid growth in the use of the talking movie for teaching in schools. Busy men who cannot afford the time necessary to travel to conventions will use the canned speech as a substitute for a personal appearance. Graduating classes will be addressed by celebrated men and women who have long since died.

Agencies will soon be organized to secure talking pictures of famous people and maintain a library of these films. In this way we will develop an educational Hollywood from which the distinguished men of yesterday will come forth upon demand to show us their deeds and tell us the thoughts that made them renowned while alive.

And talking of education, our schools will extend their recruiting grounds into the "earlier years of infancy." Because of recent studies that disclose the great importance of the first six years of a child's life, the pre-kindergarten school idea will spread rapidly. Schools will be financed in a way that will not allow the accidents of birth and residence to handicap the life of the child from the start. Teacher-training will become more efficient and salaries will be made more attractive through greater security of tenure, old-age retirement and the provision of clerks and machines to do routine work.

Our colleges will find more ways to aid students who must earn money to help pay their way. They will broaden their curricula by adding many new courses. One university recently announced a schedule of training that will fit young men for international business. There will be less unwillingness on the part of the workers in the physical sciences to recognize the social sciences. Doubtless the greatest field for education in the future

Here

is one of the advertisements of The Sugar Institute

THE advertisement reproduced here is one of the series appearing in newspapers throughout the country. In order to keep the statements in accord with modern medical practice, they have been submitted to and approved by some of the leading authorities in the field of human nutrition in the United States. The Sugar Institute, 129 Front St., New York.

Between-meal
fatigue is a signal

to eat
something
sweet



Thousands of workers and shoppers overcome fatigue in mid-afternoon by eating a food or drinking a beverage with sugar in it.

It is unwise to endure fatigue. For fatigue may develop into exhaustion and when the system is in that state, it has virtually no resistance. Colds and common ailments are inevitable.

It is a good idea when you feel fatigued, to sleep a moment and eat or drink something sweet. Such foods or beverages are quickly digested—the body is nourished, and the energy is restored.

Appropriate food for a sweet snack can be had in soda fountain beverages, ice cream, candy and small cakes. For children coming home from school, sweetened and flavored milk shakes, also bread and butter sprinkled with sugar are recommended. Most foods are more delicious and nourishing with sugar.

The Sugar Institute.

"A flavored drink is refreshing"

14,253 DOCTORS
 have mailed the coupon below
 to me—won't **YOU** please?

I'VE invited doctors, through the Medical press, to give their families an opportunity to know Hires Root Beer. To taste its delicious flavor. To compare it with other beverages. To realize it costs but 1½c a bottle to make—compared to the usual price of 10c to 20c for other bottled beverages.

My invitation has been quickly and widely accepted. But I would be glad to send out several times as many full size bottles of Hires Root Beer Extract.



Your wife will find it so easy to make 40 bottles of Hires Root Beer—She just adds water, sugar and yeast to the bottle of our Extract.

Once you and your family and friends try Hires Root Beer (or our newer offering, Hires Ginger Beer) you'll all appreciate the superiority of these home-made beverages—so delicious, so pure, so economical.



Hires Root Beer Extract contains the percolated juice of roots, herbs, barks and berries. It is utterly pure—free from habit-forming drugs, artificial color and flavor.

I invite every doctor who reads this magazine to tear out the coupon below and mail it to me.

The Charles E. Hires Company,
 Dept. M.
 Philadelphia, Pa.

33-3

Kindly send free bottle of Hires Extract.

Name

Street

City State

C. E. Hires

President

THE CHARLES E. HIRES
 COMPANY

Philadelphia, Pa.

March, 1931

97

will be human relations. There will also be a closer union between science and religion. We will recognize the folly of believing that knowledge and science are mutually exclusive terms and have no inter-connections.

But of all the coming developments in the field of education, none will be more important than the creation of a Department of Education with a secretary in the President's Cabinet. This will afford public education the scientific leadership and fact finding which have been provided by the government in the fields of agriculture, commerce and labor.

Tomorrow will bring us international industrial statistics which will tend to stabilize world industry. All nations will benefit from a free and full interchange of information that is not of a direct competitive nature and does not involve secret processes. As gold production declines and we approach closer to the top limits of efficiency in the handling of credit, more and more people will develop sufficient faith in an index number to be willing to try the experiment of substituting it for the gold standard.

While there is hope that the next ten years will bring us a millennium, we may be sure that the advances it will disclose will produce vital changes in life and industry. We will see more clearly the danger of over-accentuated individualism or too-long-maintained isolation. There will be more voluntary cooperation and less free competition.

National bureaus and boards set up to gather facts and advise business and law-making bodies will help greatly in curing over-production and wasteful marketing. Major economic undertakings will be carried on more closely in accordance with a master blueprint. With adequate data at hand, national distributors will be able to analyze markets efficiently.

The movement of industrial

goods represents a volume of business estimated at \$35 billion annually. By introducing the same efficiency in marketing that prevails in the processes of manufacture, the saving to the public will total billions of dollars a year.

In the years just ahead we will live under the influence of the scientific spirit, which means that everything will be questioned with intelligence.

Loose-leaf minds will be the preferred type because of the necessity for the frequent tearing out and casting aside of accepted beliefs.



TAUROCOL Tablets are prepared in two forms, both of which contain only the purified portion of the natural bile of the bovis family, and its two active salts, the Taurocholate and Glycocholate of soda.

Taurocol Compound Tablets with Digestive Ferments and Nux Vomica.

Samples on request.

THE PAUL PLESSNER CO.

3538 Brooklyn Avenue
Detroit, Michigan

If patients told the truth about this

If you prescribe cod-liver oil to a patient, the chances are he won't balk. And if you check him up on it, he'll tell you he's taking it.

If he were frank, however, you'd often hear a different story. You'd learn that many patients simply dread cod-liver oil. It's a struggle for them to take it. And if they confessed the whole truth, you'd discover that the cod-liver oil you prescribe for them is often left in the medicine chest. And it can't do a bit of good there!

But that doesn't happen with Scott's Emulsion! For Scott's Emulsion is cod-liver oil in a pleasant-to-take form. It is made of purest, vitamin-rich Norwegian cod-liver oil—and then *emulsified*. This makes it palatable. And more readily digested. Patients take it. They like it. They keep on taking it. Scott's Emulsion also contains calcium salts. Suggest it, the next time you find it necessary to advise cod-liver oil.



Professional samples gratis!
Write on professional stationery to
Scott & Bowne, Bloomfield, N. J.

SCOTT'S EMULSION
OF
VITAMIN-RICH **COD-LIVER OIL**

Pleasanter to take—Easier to digest

As a Physician Sees Salesmen

[FROM PAGE 23] office equipment, cigars, candy, cakes, infants and invalid food, suits, Community Chest, Christmas seals, Christmas cards, mining and all other sorts of stocks, can openers, mineral water, grape juice, candied fruits, insurance of various types, rugs, photos for the family, Panama hats, underwear, subscriptions for magazines and for newspapers, printing and stationery, smuggled cloth for suits and ant paste. Also I suffer all too frequent visits from the tax collectors.

The keenest, the most persistent salesparty is the rather good looking and still young lady who plays a doctor hard because she's a female and knows it. The wild ogles and coy glances are supposed to attract money quickly from the poor, beset male. She usually sells luxury articles, sometimes periodicals. Of course I don't mean for a moment to belittle unfairly any of the genuine working girls who really are in earnest (and I believe I can pick them out); but it's been my sly suspicion for some time that a lot of these ladies who call on the medicos—and assuredly they don't limit their wily attentions to the physicians—would not refuse a dinner and perhaps a bit of "hoofing" later.

And the *dernier cri* in these fascinating creatures are the dear little things, usually under twenty years of age, who allege stoutly (at first) that they're selling this and that to go to college.

This is about the line.

"Good morning, doctor, I see you're looking well and happy." And here comes a provoking smile and flash of white teeth.

"What about helping a poor, little girl who's working her way

HASLAM

Headquarters for

Rustless Steel Surgical Instruments

All of which are made from
genuine "STAINLESS" STEEL.

NO PLATING

We are the largest manufacturers of this line in the
United States.

1931 Catalog on Request

FRED HASLAM & CO., Inc.

83 PULASKI STREET
BROOKLYN, N. Y.

Supplied through Dealers only

EFEDRON

(Hart Nasal Jelly)

for COLDS

Exhibiting ephedrine hydrochloride in a water soluble demulcent jelly base for the relief of all nasal congestions, acute and chronic.

Soothes the irritated mucous membranes, promotes ventilation and drainage and makes the patient comfortable.

PROVE TO YOURSELF THE
ADVANTAGE OF OUR WATER
SOLUBLE JELLY BASE. SEND
FOR FREE TUBE TODAY.

HART DRUG CORP.,

12 N. E. Third St., Miami, Fla.

Send me trade size tube
EFEDRON free.

.....M. D.

To relieve the patient of the infection which he calls "ATHLETE'S FOOT" . . . try Absorbine Jr.

ABSORBINE JR. has served so well in relieving cases of interdigital ringworm that doctors, in ever increasing numbers, are recognizing its value. Their judgment in using and prescribing this corrective is amply confirmed by clinical and laboratory tests.

These tests have shown that Absorbine Jr. penetrates flesh-like tissues deeply and that wherever it penetrates it destroys the ringworm organism (*trichophyton rosaceum*) which has infected the feet of a great number of our population. In fact, an official



report states that "at least half of all adults suffer from ringworm (of the feet) at some time."

If you have not had experience in the use of Absorbine Jr. we will be glad to send you a sample with our compliments. At all druggists—\$1.25 per bottle. Just use the coupon below. W. F. Young, Inc., Springfield, Mass.

A FAMOUS LABORATORY SAYS:

"Absorbine Jr. in our tests, completely inhibited growth of the ringworm organism . . . and is harmless to tissues."

Absorbine Jr.

FOR YEARS HAS RELIEVED
SORE MUSCLES, MUSCULAR
ACHES, BRUISES, BURNS,
CUTS, SPRAINS, ABRASIONS



W. F. Young, Inc., 207 Lyman St.
Springfield, Mass.

Gentlemen: Kindly send me a sample of Absorbine Jr. without obligation

Dr.

Address.

through college by taking magazine subscriptions? I see your time is about out and *Collier's* will soon need renewal—(she's carefully studied the reading table). Won't you be nice to me?"

And more sweet smiles. If she's the fortunate owner of a dimple or two it's worked overtime now.

Well, Miss.....just what college are you planning to attend? (I try to keep the suspicion out of my voice).

"Oh, I haven't quite decided; I've two or three in mind." (She shows considerable reaction-time delay, trying to select some college of which she may have heard in the past).

"And just what course in college were you thinking of taking up?" (I gently but cruelly press the point).

By this time the reply is apt to be quite indistinct, accompanied by some little mental confusion, and sufficient evidence to make me discount her whole story.

If she had frankly sought my subscriptions I'd quite as soon give them to her as to send them direct. The price is quite the same. But the college fiction hurts. When someone tries to play us for a fool, and if we suspect it, we're almost certain to be at least mildly offended. The implication may be too near the truth—at any rate, we don't like it.

It costs a physician (as an estimate only, because it's difficult for anyone short of a registered public accountant to calculate it accurately) around two or three dollars an hour for his overhead expenses, and perhaps he might be said to have eighty hours a week in which to plant

all his potatoes. Suppose he sees four salespeople a day—not necessarily an excessive number in my experience—he's lost an hour, possibly more time, from his sole capital in trade. In these four to six hours a week so devoted to seeing salesmen he might have earned twenty dollars, say; or if he happened not to be occupied, he might have worked at records and accounts, or even spent some highly profitable time at reading and studying.

According to such a calculation, the weekly or monthly loss so involuntarily incurred might amount to a rather sizeable sum—more or less forcibly taken from the doctor.

A salesman dropped in, by the usual system, past the guard, and tried to interest me in a "bond," as he called it, for ten thousand dollars. I wasn't interested in any sort of a bond, even at fifteen cents, and after a few minutes told him so. But I added that I was interested in taking on about that much additional life insurance.

Hearing me say this, he looked very peculiar, hemmed and hawed, and finally admitted that what he'd been trying to sell me really was insurance, that they sometimes called it a bond to make it more attractive. Of course, he did no business with me. I was intensely disgusted at the subterfuge, and concluded the interview coldly.

In my opinion—and this whole article is just my opinion—too many salesmen seem to lack training for their difficult work (I refer to such as come to see me). They seem to have been supplied with a small amount of data regarding their effects, per-

PRESCRIBE
NEO-REARGON
FOR GONORRHEA

SPECIAL TO PHYSICIANS ONLY

One vial NEO-REARGON free

with an order for

Six Vials for \$7.50

Technique and Literature on Request

AKATOS, Inc., 114 Liberty Street, New York

The Alkaline Factor in the Treatment of Colds

The value of alkalization in the management of colds and other respiratory troubles is generally recognized in modern practice.

The question is
which alkali to use?

There are many good reasons for the preference shown for BiSoDol, prominent among which are its balanced formula, its quick effectiveness, unusual tolerance and palatability.

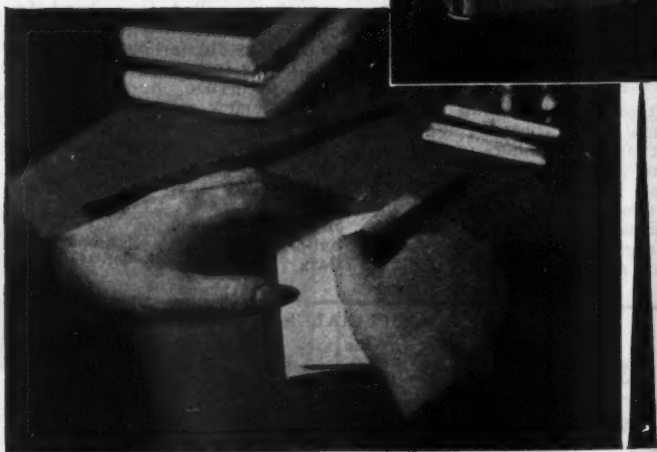
In the treatment of gastric hyperacidity, BiSoDol has demonstrated its value in affording "Quick Relief" to symptoms. Also indicated for its systemic effect in helping to control cyclic vomiting, the vomiting of pregnancy, post-anesthetic nausea, after alcoholic indulgence, etc.

Let us send you literature and clinical sample of this ethically presented prescription product.

THE BISODOL COMPANY

Dept. ME 3130 Bristol St., New Haven, Conn.

BiSoDoL



haps a sample or two; and their success or failure as salespeople balances rather precariously upon the peak of their native wit and inherent sales ability.

Their job is far from easy. We doctors know, for we're salesman also.

We professional people are very ordinary human clay—feet and all; and if salespeople wish to see us it's not so difficult to get our time—by appointment, when we're interested—we need to see salesfolk; but owing to the iron-bound fact that our time's our sole stock in trade, and our patients follow social conventions, including hours to eat and work and play, salespeople will have to fall in line.

And I firmly believe that they'd make far better impressions on all of us if they'd play their game right out in the open and be square with us. *They don't have to sneak in on us to get a hearing.* The job of the average salesman is just as honorable as mine or anybody's, and they should so take it to be. Low trickery simply abases the selling game; I know what I'm talking about because I sold books as an undergraduate medical student. Just as I told the insurance salesman who tried to sell me a "bond" when he was really trying to sell me a commodity that I wanted, he missed the honest point of his vocation.

One Saturday afternoon I sat alone—the girl had finished her week and gone home to get ready for a dance—and I'd intentionally left the door open between waiting room and my private den, the easier to care for the few patients that might wander in.

Entered a well set up, military type of man, with a smile that easily showed across big, white teeth.

"Doctor, they tell me you're a good sport."

And he regarded me squarely with keen, blue eyes.

I mildly disclaimed that honor, wondering if anybody really had

Vapo-Cresolene

In Vapo-Cresolene is demonstrated the use of specially prepared cresols of coal tar as an inhalant.

The Cresolene vaporizer, either of lamp type or electric, is so constructed that it gives gradual vaporization lasting some five or six hours.



Electric Vaporizer

Vapo-Cresolene is indicated in nasal



Lamp-Type Vaporizer

whooping cough.

and head colds, acute congestion of the nasal mucous membrane, minor bronchial irritations, chest colds and coughs due to colds. Also indicated in all conditions in which a soothing and sedative inhalation is indicated.

It is specifically recommended for paroxysmal cough and dyspnea as in bronchial asthma, catarrhal croup and

VAPO-CRESOLENE COMPANY
62 Cortlandt Street, New York City

REVELATION TOOTH POWDER



THE PRIMARY CAUSE of receding, bleeding and sensitive gums is GLYCERINE, and for that reason alone Revelation is never in paste form.

Revelation
Corrects These
Ailments

Send your card for full size can of
Revelation and literature without
charge.

August E. Drucker Co.

2226 BUSH STREET, SAN FRANCISCO



Food-Ferrin presents a highly efficient blood-building food—a natural and concentrated source of food iron in an assimilable form.

Children Can Take Iron This Way

Anemic children and adults rebel against a persistent diet which includes large quantities of iron-rich foods.

But, fortunately, it is no longer necessary to force them to eat "a pound a day of spinach," or other greens, because the blood-building elements of iron-rich foods have been concentrated into a palatable preparation known as

FOOD - FERRIN

Food-Ferrin contains the soluble substance of a mixture of greens. Taken as directed, it daily supplies the blood-building elements of more than a pound of spinach.

Food-Ferrin offers a natural and physiologic source of iron which may be freely used for any length of time without injury.

Laboratory and clinical investigation have amply confirmed its value in the treatment of the anemias. It is agreeable to taste, never disturbs digestion and does not cause constipation.

Let us send you a trial jar. Write your address on margin.

THE BATTLE CREEK FOOD CO.

Dept. ME-3-31, Battle Creek, Michigan

so informed him.

"Well, are you willing to take a chance with me?"

And with that he opened a long, pasteboard box that he'd brought in beneath his arm—about the sort they use to pack a vacuum sweeper—and without more ado he stood upon my glass-topped desk three quart bottles of an appreciated brand of whisky, still dressed in their tissue-paper shirts.

"There you are, doctor. Take your choice. All fine, old stock, genuine goods, priced . . ."

Interested in his attitude, I smiled and said, "No, thanks, I don't use the stuff."

"Well," he returned, also smiling, "that's all right. Each of us to his own habits. Here's my name and this's my phone number. Any time you or your friends need anything, give me a ring and say your number's 742." And he jotted down my number in his note book.

He leisurely packed the fat bottles of joy back in their former nest, and with a cheery, friendly "So long, doctor"—was on his way.

Did I instantly grab the phone and report his name and telephone number to the police? I certainly did not. And why? Because he was frank and straight with me, and tried no low tricks to sell me his wares.

A bootlegger, yes—and a salesman of parts.

It's a badly battered old axiom

that honesty's the best policy; but its wisdom is just as much one hundred per cent now as the day the saying was minted.

The Doctor and his Investments

[FROM PAGE 21] knows in which figures to believe and which to discount. Even the leading bankers make mistakes, but as a rule their specialized knowledge and contacts give them an advantage in selecting investments over outside amateurs.

How much would the man on the street pay to know what George F. Baker, 91 year old head of the First National Bank of New York, A. W. Wiggin of the Chase, William C. Potter of the Guaranty Trust Company, Paul M. Warburg of the Manhattan Company, or Arthur Reynolds of the Continental Illinois Bank & Trust Company of Chicago, are currently doing in the security markets? It is feasible for even the small investor to put these men to work for them by acquiring the shares of leading metropolitan banks, most of which have security affiliates, which trade in the market.

Buying bank stocks is largely a matter of backing men, for the banks as a group in their pub-

Secure the Positive Reconstructive Effect of

ANGIER'S EMULSION

Prescribe it in cases of Malnutrition, and in convalescence from Grippe, Influenza, Pneumonia, Measles, Whooping Cough and wasting fevers.

By this simple, direct medication you will clear up the catarrhal conditions of the alimentary canal; relieving the hangover cough, aiding digestion, improving nutrition and strengthening the patient.

Free trial bottle to physicians.

ANGIER—Boston 34, Mass.

How Much More

do I have to pay for
the BAYBANDAGE that
CAN'T RAVEL?



THE answer is "No more!" It costs the same as the old style, ordinary gauze bandage. We raise the question because it has been reported to us that several physicians have actually asked dealers how much more they would have to pay for this superior bandage with the non-ravel edge.

If you are not familiar with the superior features of BAY-BANDAGE, the coupon will bring you a sample. Once you have used it, you will specify it constantly because it makes a neater, tidier dressing at no extra cost.



BAYBANDAGE comes in a dust-proof carton with two extra flaps which interlock to keep the bandage clean when not in use.



BAYBANDAGE also comes in the paper wrapped package with which physicians are familiar.

THE BAY COMPANY
BRIDGEPORT, CONNECTICUT

THE BAY COMPANY, Bridgeport, Conn.

Gentlemen: Kindly send me a free sample of BAYBANDAGE

Name.....

Address.....

City.....

State.....

ME3

lished statements hide earnings and assets. They usually report only the dividends received from security affiliates—not the true profits. Accordingly, to some extent, bank stocks constitute cats in the bag. Before the collapse of the last bull market, it had become more fashionable than ever before for average investors to acquire bank stocks. On account of the new popularity, bank stocks sold at fantastic prices—in many instances, three or more times book value, and as many as fifty times published earnings. At peak prices, bank stocks were capitalizing expected profits far into the future. At such levels, bank stocks were unsuitable for strictly investment purposes.

But in the last year and a half, bank stock prices have had much of the water squeezed out. During the recent run on banks, some bank stocks were ruthlessly sacrificed. In some instances, shares of leading metropolitan banks dropped down to their book value, and were selling at prices which capitalized earnings reasonably. Accordingly, the time has again come when the balanced investor, who diversifies widely and selects securities with the help of competent advice, can consider putting a share of his capital in bank stocks.

With more than a thousand banks failing last year and considerably more than a tenth of all banks dropping to the wayside since the war, the investor must exercise discrimination. The new competition threatens many of the small rural banks, and even the non-Clearing House banks in larger centers. Accordingly, the investor, who desires through the medium of bank stocks to put outstanding financiers on his payroll, must of course choose the shares of the best banks. This is especially important, because bank stocks entail a double liability; that is to say, stockholders may be assessed up to the full par value of their holdings in case of insolvency of the bank.

Recent economic changes have

DR. JAILLET'S PEPTO-FER

Assimilable Iron

Prepared with chloropeptonate of iron by Darrasse, Chemist, according to the original formula of Dr. Jaillet. Highly endorsed by prominent French Physicians. Gives good results in anemia, convalescence, debility.

1 tablespoonful immediately after each meal.

To avoid imitations, physicians are earnestly requested to insist upon original bottles being supplied with the names:

Sample on request

J. JAILLET M. SCHAFFNER

and the address:

DARRASSE 13 Rue Pavée
PARIS 4°

Try This Proven Prophylactic

MU-COL FREE

A Cooling,
Healing,
Post-operative
WASH
that Gives
Effective
Results.
Aseptic,
Prophylactic,
Anti-Catarrhal,
Anti-Febrile.

"Would be at total loss for an antiseptic were this product taken off the market," says N. Y. doctor. Thousands of physicians say Mu-col is most useful antiseptic wash they ever used. A saline-alkaline powder easily soluble in water. Use it in dermatoses, scalds, fetid breath, sore throat, etc. Superior for feminine hygiene. Sample makes 6 quarts.

Mail Coupon for Sample NOW

Mu-col Co., Suite 324-R, Buffalo, N. Y.
Send sample of Mu-col, enough for 6 quarts FREE.

Name M. D.

Address
(Please attach coupon to your letterhead)

IT COUNTERACTS HYPERACIDITY

— encourages bowels
to normal function

In this permanent emulsion called Haley's M-O, milk of magnesia and pure mineral oil work *together*; and hence, they are doubly effective and thorough in the correction of digestive disorders and their attendant irregularities.

M-O is antacid, laxative and lubricant. It is nearly tasteless, easy to take; does not disturb digestion nor cause leakage. It counteracts hyperacidity and induces regular and thorough bowel evacuation.

M-O is exceptionally useful in spas-

tic constipation, intestinal stasis and auto-infection. It also serves well in gastro-intestinal hyperacidity, sour stomach, palpitation, heartburn, pyrosis, gastric or duodenal ulcer, intestinal indigestion, colitis, hemorrhoids.

Useful before and after operation, during pregnancy and maternity, in infancy, childhood, maturity and old age. An effective antacid mouthwash. Procurable at all druggists'.

Liberal sample and literature sent on request. Address the Haley M-O Company, Inc., Geneva, New York.

HALEY'S M-O

an emulsion of milk of magnesia and pure mineral oil



been, from a long term standpoint, favorable to the position of the superior urban banks. With many weak banks suspending, the public has been forced to distinguish between eminently well managed banks and less competently directed institutions. With runs on weaker banks, there was a marked drift of deposits into the coffers of the strongest banks.

Well managed banks, especially those with heavily patronized trust departments, show substantial earnings through all phases of the business cycle. In the past, they were usually among the first group to share fully in the fruits of returning prosperity. Bank stocks give not only a participation in the profits from straight commercial banking, but also in the earnings of security affiliates, which perform the functions of underwriting investment banking houses and of trading companies.

From a long term standpoint, the leading metropolitan banks will probably benefit from a remoulding of the American banking system. The time may come, for example, when district or even nationwide branch banking may be authorized.

But even the good bank, insurance company and investment trust have a more or less speculative flavor, and accordingly the conservative investor cannot afford to put his hope for financial independence solely in them. He needs a backlog of capital on which he can count.

Even a savings bank does not answer fully the needs of the genuinely conservative investor, for at any time accident may cut him down long before he has deposited enough to support his dependents. He can free his family from dependence on chance through one stroke of the pen in acquiring a sufficient amount of life insurance.

If the sole purpose of insurance is protection against premature death, convertible term insurance, which agents rarely recommend, is the cheapest form of protection. But it is death insurance, which builds up no savings for the insured in case he lives to old age.

For the average man, who wants to combine protection with savings, ordinary life insurance is the most suitable. This was always true, but insurance has a new appeal since the panic. It offers guarantees against the vicissitudes of ordinary investments. The well managed mutual life insurance companies at present offer as high as 4.8 per cent interest on equities built up—and that is a good investment return through the years, if an extremely high degree of safety of principal is sought.

For those who need protection for the dependents against premature death, life insurance must constitute a foundation stone in a sensible financial life programme. And, for busy professional men and others, unskilled in the tech-

MICAJAH'S WAFERS

check hypersecretion, relieve congestion, tone up tissue, oppose inflammation and allay soreness and irritation, in LEUCORRHOEA, VAGINITIS, PROLAPSE, CERVICAL ULCERATION AND ENDOCERVICITIS. Their action is prolonged and effective because the medicaments are brought and held in close and prolonged contact with the affected parts. Easier to use than fountain syringe or vaginal douche, more effective.

MICAJAH'S SUPPOSITORIES

shrink pile tissue, stop bleeding, soothe pain, do not irritate or wear out in effect.

Send for special offer and literature

MICAJAH & CO.,

194 Conewango St., Warren, Penna

nique of investment, life insurance companies offer suitable media for long term safeguarding of surplus funds of those who do not need insurance protection for others. Deferred annuities, which are sold by life insurance companies, provide an ideal mechanism for self pensioning. They assure an income for life beginning at a specified age, when it is to be assumed that earned income will necessarily diminish.

The panic and the subsequent period of liquidation have emphasized that as compared with self investing the policies of an insurance company possess a crucial point of superiority, in that they possess guaranteed safety of principal.

The frills of self investing should come later when an individual has already provided against misfortune through adequate life insurance, noncancellable death and accident insurance, annuities, and through deposits in a savings bank. Then the investor is ready to consider building up a portfolio of balanced investments on his own.

Ups and Downs

There has been a distinct improvement of business and financial sentiment since the turn of the year, and this has been warranted by statistical evidence of a halt in the decline in general business. Whether it is merely a lull or the beginning of a permanent turn is a matter of interpretation, yet the depression will violate historical precedent if it runs much longer.

The exceptional urge for liquidity on the part of banks toward the end of December resulted in the selling of bonds, which sold at bargain prices. Though there has been some recovery, there are still numerous

bargains in bonds and preferred stocks.

If American trade recovers in the relatively near future, it will doubtless do so before there is an economic comeback in the world at large which still has numerous obstacles to surmount. The precipitous fall in the price of silver for example, has the effect of radically curtailing the buying power of half of the world population in India, Indo-China and neighboring places.

The Federal Government could contribute to economic recuperation by reducing sinking fund payments for bond retirements during slumps. Likewise, it could help to stabilize business through the cycle by increasing such payments during booms.

Sir Josiah Stamp, British trade leader and director of the Bank of England, knowing the mercenary character of financial markets, has issued the subjoined timely warning: "Recuperation must be gradual, but the patient must not do the things that would delay it. Above all we must avoid making a Stock Exchange boom and overvaluing the recovery, otherwise a series of painful setbacks will weaken real optimists."

Investors who want to buy a cross section of leading stocks can acquire them at a substantial discount by buying shares of general management discretionary investment trusts or at a moderate premium by acquiring securities of fixed investment trusts.

A good sign is a report in a letter from Hartley Withers, leading British economist, that the canny Scotch think the time is now propitious for launching new investment trusts.

Literature and Samples »

INSTRUCTIONS FOR TAKING BLOODPRESSURE: Copies of this manual, prepared by The American Institute of Medicine, are offered gratis to physicians by W. A. Baum Co., Inc., 100 Fifth Avenue, New York.

IODINE IN OBSTETRICAL AND GYNECOLOGICAL PRACTICES: A monograph reviewing the professional literature on the uses of iodine, has been prepared by the Iodine Educational Bureau, 64 Water Street, New York.

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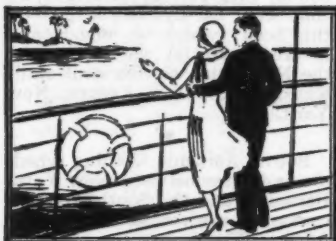
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That \$30,000 Verdict

[FROM PAGE 15] fendants had done without censor.

The second cause of action, upon which the jury awarded thirty thousand dollars damages, stated in part:

"That said slanderous statements made by the defendants to the officers, directors and members of the executive staffs of said hospitals and to other members of the Spokane Medical Society, to the effect that plaintiff had been guilty of incompetent, unnecessary and improper surgery and was not fit to practice in the hospitals of Spokane, which statements were made as a part of defendant's conspiracy to close and keep closed said hospitals to him and which were an efficient

cause of said result, were calculated by the defendants to and did tend to deprive the plaintiff of public confidence and social intercourse, to injure him in his social and business relations, and to disgrace him and expose him to hatred, contempt, ridicule and obloquay."

The defendants, in answering, denied that the plaintiff's testimony in the malpractice case had anything to do with his expulsion from the society, denied that there was any conspiracy or slander as alleged, and as affirmative defenses to each cause of action alleged that the plaintiff had performed approximately forty sterilization operations forbidden under the pledges and rules given by doctors in standard hospitals; some of the operations were hysterectomies, some salpingectomies and some cophorectomies. That none of the said operations were "necessary to save the life of the woman involved" nor were

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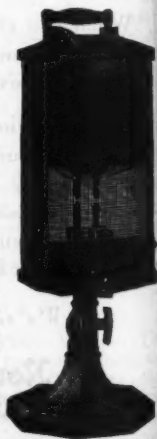
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they "necessary to prevent the bearing of offspring that to a reasonable certainty would be diseased, defective or possessed of criminal tendencies," as required by hospital rules nor that the plaintiff consulted with another member of staff before sterilizing, as prescribed by the regulations.

The second affirmative defense alleged that the plaintiff has a remedy from the action of the Spokane County Medical Society by appealing to the Washington State Medical Society, and the third one that the plaintiff had planned to build his own hospital some time before he was deprived of the use of other hospitals and that the construction of his hospital was contemplated, planned and completed without in any manner being influenced by the closing of the other hospitals, and was consequently not damaged thereby.

The plaintiff opened his case by going back to the malpractice suit in 1927 in order to establish that his testimony against another physician was the beginning of a malicious conspiracy. He testified that one of the defendants told him that he could not afford to incur the ill-will of the medical profession by so testifying and that he would be run out of the city. That another told him that under no circumstances should he get mixed up in the malpractice cases.

He declared that two weeks after the first trial in the malpractice case, the superintendent of the Deaconness Hospital called him in and told him that the executive staff was severely criticizing his work and wanted to go through his case histories. He said that he wrote the superintendent a letter that he would welcome such an investigation and asked to be present when the record committee went over his case histories. He said that he was later called to a meeting, but was not allowed to explain anything. He stated that he had

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repeatedly tried to present his side of the case to the hospital staff but was not given an opportunity. He testified that he offered to have a member of the staff sit in as consultant in his cases and assist in his surgery, allowing them the usual fee, but was never given this right. Later he was notified that at a special meeting the executive staff had voted to bar him from the hospital.

He declared that being ousted from the county society expelled him from the American Medical Association, because he had to be in good standing in the county society to belong to the state association and membership in the state association was necessary to belong to the American Medical Association. That it prevents him from taking patients to any standard hospital and virtually all hospitals today are standard. That it deprived him of the association of his fellow medical practitioners and injured his standing in the community. That it caused worry, sleepless nights and suffering. That if he had not built his own hospital he would have been forced to leave Spokane.

Counsel for the plaintiff adopted the legal strategy of placing the defendants on the stand and examining them as adverse witnesses in building up the plaintiff's cases—in effect, forcing them to testify against themselves.

The superintendent of the Deaconess Hospital, a defendant in the suit, was thus called. He testified that he had received a letter from the director of hospital activities, American College of Surgeons, threatening to remove the hospital from the approved list unless it exercised "proper control over its surgery." That the executive committee had felt that this referred to the plaintiff and accordingly he was removed.

A second letter introduced in evidence from the same official

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was being condemned, but cor-
rection of the system at the hos-
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The superintendent also stated
that the plaintiff's case was never
taken up by the 44 doctors on
the hospital staff, although he
identified the hospital by-laws as
calling for such actions before a
doctor was ousted. However,
this was done on the motion of
the executive committee of eleven
members as had been the custom.
The plaintiff was not given a
hearing before the executive
committee.

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Other defendants who were
members of the executive com-
mittee of the Spokane County
Medical Society said that they
signed the charges against the
plaintiff with virtually no per-
sonal investigation, especially as
to the charge of improper sur-
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given by another physician.

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It was brought out that an at-
tempted contribution from the
plaintiff to a memorial library
fund for crippled children at one
of the hospitals had been re-
turned by the Medical Society
because they did not consider
the plaintiff ethical and did not
want his money. Plaintiff con-
tended that this showed malice.

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It was also brought out that
the written statement given to
a Spokane newspaper as to why
the plaintiff was ousted from the
society was prepared in advance
of the meeting at which he was
expelled. A libel suit against the
then incoming president of the
association is pending on this
phase. It was admitted by the
author of the statement that
there was no evidence that the
case records had been changed,
although the announcement stat-
ed that "they have now become
valueless to the patients, as they
may have been altered to suit"

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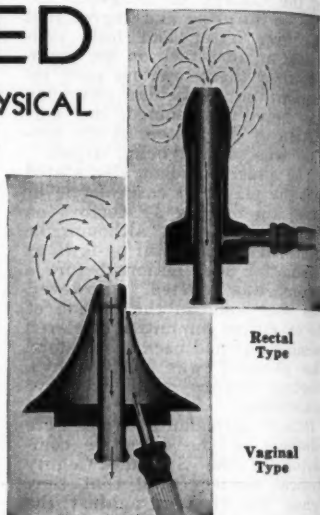
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the plaintiff.

The case against the hospital superintendent and nine of the doctors was dismissed upon motion of the defense for a non-suit, the evidence not establishing a *prima facie* case against them.

The trial became a post-graduate court in gynecology when the defense started its testimony. It sought to prove that unnecessary sterilization operations, involving the removal of the uterus, tubes, or ovaries, justified the expulsion of the plaintiff.

Twenty-three of these cases came in for the barrage of criticism from defense experts. One said:

"I can't believe that there was any justification for the removal of the tubes and suspension of the uterus in the presence of suspected pregnancy. This is a reprehensible thing to do, most improper and bad surgery. I have had the misfortune to be obliged to operate on pregnant women, but it calls for the greatest delicacy for fear of inducing abortion. This is particularly wrong and I can see no reason for it."

Others testified that the testimony of the plaintiff in the malpractice case had absolutely nothing to do with the expulsion from the hospital and society. That the plaintiff's sterilization operations had been criticized for some time before the malpractice trial, as being excessive in number and

improper surgery, and that he was expelled for the good of the hospital.

It was declared that the plaintiff admitted taking the case records from the hospital and that that was a sufficient act alone to justify his expulsion from the society. That while one of the defendants had also taken the records out, he had permission, as a member of the executive committee, from the hospital superintendent and that consequently the records were really never out of the custody of the hospital.

The testimony offered by both sides as to whether it was necessary for the plaintiff to build a hospital and maintain same at a loss was decidedly conflicting. The defense contended that there was another hospital open to the plaintiff for operations, so that his building one was unnecessary and furthermore that if business management was applied to the hospital there would be no loss.

The plaintiff, in rebuttal, offered numerous authorities to uphold his operations and introduced depositions from eminent surgeons and medical writers upholding his operations, following an examination of the charts, as justifiable, necessary, proper and in accordance with the modern practice of surgery. Several sterilization patients were placed on the stand, who testified that they had been sick and suffering

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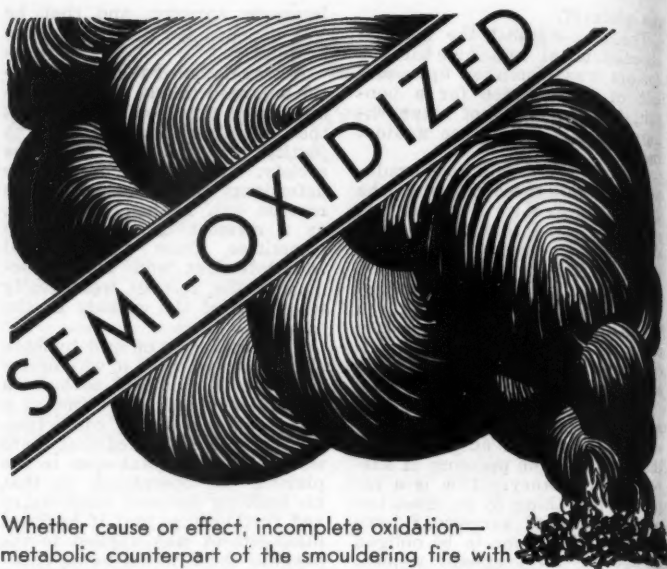
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before their operations, but were now well and healthy.

Judge Dolph Barnett, in instructing the jury, divided the case into two phases—conspiracy and slander. In regard to the conspiracy phases, for which \$35,000 damages were asked, he stated that it was up to the plaintiff to establish the preponderance of evidence showing conspiracy and the burden of proof was on the defendants to establish improper surgery, as alleged in their affirmative defense. He said any doctor, properly qualified, had a right to practice anywhere he desired in a lawful manner and if any person or group of persons tried to prevent him, he could sue for damages for the injuries caused him.

The court explained that no formal agreement was necessary to establish a conspiracy. That evidence of a mutual and implied understanding was sufficient to establish the combination. Conspiracy, he explained, need not be shown by direct evidence, but by and circumstances not as consistent with a lawful purpose as with an unlawful purpose.

It is not necessary to prove that all defendants were in any conspiracy. The jury was instructed to bring in a verdict favorable to any defendant if satisfied he was not in the conspiracy, if any. In the slander phase, the jury may find against some defendants and not others,

if it finds that any individual said or did anything injuring the plaintiff.

The judge stressed the fact that the good faith of the defendants in signing the charges must be considered and whether they showed malice and ill will in expelling the plaintiff from the medical society. If all or any defendants acted through malice they are liable for damages. If none showed malice, there is no cause for legal action against them.

In barring the plaintiff from the Deaconess Hospital, the judge instructed the jury that the burden of proof is on the defendants to prove him guilty of improper surgery. Improper surgery, he held, is a scientific question that can be decided only by experts. If these experts disagreed on any given operation, plaintiff cannot be held guilty of improper surgery merely because he followed one theory to the exclusion of the others.

The judge held there is a reasonable limit and that a surgeon cannot be held liable for an honest mistake or an error of judgment.

He cautioned the jury that conflicting views of surgeons on intricate, delicate surgery cannot be settled by a jury. They are to be guided by the fact whether plaintiff followed the judgment of a reputable minority in performing his operations. If he did,

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has induced many exacting clinicians to employ it in
systemic infections, typhoid fever, for instance.

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In a manner fully in accord with the Medical Profession

It is our ambition to take an honorable part in advancing scientific hydrology in this country comparable to that abroad. As new owners of the Springs we believe thoroughly in the therapeutic value of Buffalo Mineral Water and in all sincerity invite physicians to cooperate with us in our studies and efforts along strictly ethical lines.

We believe that the presence in the water of notable amounts of the acceptably important element Calcium in readily assimilable form accounts in part for the marked therapeutic effects on the body metabolism, particularly on the Genito-Urinary System. However, we only suggest this explanation until exhaustive research determines the effectiveness of Calcium along with Sulphur, Silica, Iron and the more minute quantities of other elements in the forms and with the particular molecular structures and ionizations found in Buffalo Mineral Water.

We have eliminated the old use of the word Lithia entirely as it did not properly apply to this water. The name of the Post Office has accordingly been changed from Buffalo Lithia Springs, Virginia, to Buffalo Springs, Virginia.



Virginia Buffalo Springs Corporation,
Buffalo Springs, Virginia

Please send me your Brief Résumé of Information Relative to Buffalo Mineral Water.

M. D.

he cannot be held guilty of improper surgery.

The judge said that the record committee of the Deaconess had a right to report plaintiff's surgery to the executive committee in an effort to maintain the high standing of the hospital for the public good. Such communications, he said, were privileged unless malicious. He said this also applies to the actions of the censor and executive committees of the medical society.

If the plaintiff violated hospital rules relative to abortions and sterilization, without consultation, the judge explained, he was no longer entitled to practice in the hospital.

In regard to the plaintiff's hospital, the judge instructed the jury that the plaintiff was entitled to no damages for its construction and loss in operation if he had decided to build it to give better medical service and surgical aid to his patients.

The plaintiff, the judge said, had no legal right to practice in the Deaconess and was granted that privilege through the duly appointed authorities who could revoke it at any time.

If the plaintiff spent an excessive amount in building his clinic or has incurred unreasonable expense in running it, he cannot collect on that basis. It is incumbent on him to apply recognized business principles and avoid loss in operation. If the jury finds he is making money at the clinic, it must find for the defendant.

The interrogatories submitted to the jury and their answers were:

No. 1. In case your verdict is for the plaintiff, what amount of damages do you allow him as loss in the construction of the hospital? *Answer: None.*

No. 2. In case your verdict is for the plaintiff, what amount of damages do you allow him as loss in the operation of the hospital? *Answer: None.*

No. 3. In case your verdict is

for the plaintiff, what amount of damages do you allow him as general damages for humiliation, disgrace and injured feelings by reason of slander, if you find he was slandered? *Answer: \$30,000.*

No. 4. Do you find the existence of a conspiracy? *Answer: Yes.*

If you do find so, name the defendants composing said conspiracy? *Answer: All the defendants.*

With a motion for a new trial and an expected appeal to the supreme court in the offing at the date this article was written, it is difficult to say whether the verdict of the jury will be the final one in the case.

However, the present status of the case, gives sufficient reason for pointing out the extreme care that must be taken in a matter of this kind.

While it is always a good defense to an action for slander or libel to prove that the statement

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M. D.

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Send us a list of your requirements and we will be pleased to quote prices on same.

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was the truth, still there is a vast difference between having the personal opinion that such is the case, based upon what someone has said, and being able to prove that the statement was the truth to the satisfaction of a jury.

This is strikingly true in the case of a physician, as his success depends largely upon the confidence that the public has in his ability and integrity. Before accusing a physician of unnecessary surgery, or criminal operations, a most painstaking investigation should be made by all, or at the least the majority, of the committee to make definitely certain that such is the case. The physician should certainly be given the right to present his side of the case before being expelled, as there are frequently two sides to the question.

Generally speaking, the courts have laid down the rule that an

expulsion must be conducted in accordance with the constitution, by-laws and rules of the organization and with the law of the land.

To quote a leading law digest:

"A member should be given notice of the charges and an opportunity to be heard in his own defense. Expulsion or suspension is in the nature of a judicial act following the investigation and hearing of the charges. A member of a society, whose by-laws provide for investigation before his expulsion is entitled to a fair trial before the proper tribunal. The proceedings are not required to be as formal and technical as a trial at law; it is sufficient if the constitution and by-laws are substantially observed, notice given to the accused and judgment pronounced from proper notices and in good faith. The burden of proving the charges rests on the accusers."

Our New Duty

[FROM PAGE 12] extensive centers and in the construction of these units there has always been free medical work by innumerable members of our profession.

Any system that concerns itself with medical care must bear in mind that the fundamental conception is the quality of medical care and not the scheme of organization or its financial background.

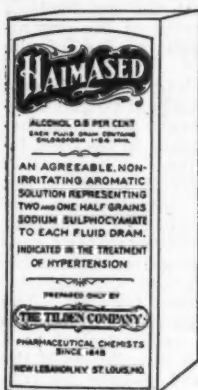
Any plan, whether devised by doctors themselves or imposed upon the medical profession from the outside sources, that diminishes the incentives for competent medical attention upon the part of the physician in the care of his patient takes away from him the rewards that accrue to superior ability, energy and conscientious discharge of his duty,

must in the long run prove detrimental to society.

It is a fact that I think can be fairly well substantiated that eighty per cent of the practice of medicine requires no great or elaborate study, that the conditions for which people commonly seek relief are functional and not organic, that these complaints can be comprehended under the loose designations of headache, insomnia, colds, sinus trouble, tonsillitis, constipation and other more or less functional disturbances.

The primary function of the clinic is to provide the means of correct diagnosis and treatment for sick people.

No matter how you argue the question, nor how much money may be behind the idea, without the doctor there is no clinic and no medical charity. I often wonder just how much the donor of a large sum of money to a clinic personally knows as to how much



HYPERTENSION

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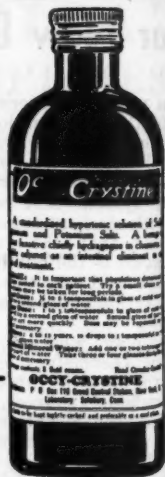
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medical service his dollar buys; is the donor having his dollar expended to produce the greatest amount of effective and efficient medical service or is the large percentage of his dollar going into the secondary functions of administration.

It seems to me that the present clinic practice is failing through defects of its own creation and that the present clinic system cannot go on and function on a charity basis either for the patient or the physician. The best social asset in the solution of this problem is the conservation of the physician class and the utilization of the family doctor.

The establishment of a free clinic by a philanthropist without the employment of paid physicians is a most unphilanthropic act. Such an individual is forcing other sick people who are already burdened with debts and whose incomes have stopped to hire and pay doctors who attend the patients in the free clinic. No free clinic should be permitted to operate without reimbursing the attending physicians for their time.

It would be a splendid move in social medical adjustment (1) to curtail the unrestricted system of gratuitous relief, by excluding those not entitled to gratuitous medical advice; (2) to insist on the payment of the medical staff engaged in both in and out-patient work, and the payment of fees by patients in

the pay ward and in the consultation departments of voluntary hospitals.

If the doctor could be assured of, let us say, a minimal revenue from all the patients that he takes care of he could well afford to permit a reduction on some percentage of his work. But what is attempted, if one may judge from recent newspaper publications, is to oblige the doctor to continue his free medical service and at the same time accept a reduction in his charges to the patients that he takes care of and who are occupying certain types of rooms which are essentially private hospital accommodations.

At this point, let us examine the medical society's position with regard to the publicity and advertising. At the outset of any discussion concerning the appearance of a doctor's name in the newspapers, with or without his photograph, it is well to distinguish the two forms in which health information is promulgated; one is publicity and the other advertising.

Medical publicity has for its object the informing of the public as to what is desirable for the maintenance of health, and concerns itself with the broad objects of preventive medicine and as a means of elevating the general standard of personal and community hygiene, sanitation

With the many thousands of cases of

TUBERCULOSIS

home treatment is absolutely necessary and prominent Physicians agree that we have no medicinal remedy equal to creosote.

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discomfort, nervousness, make a double impression on the patient. The patient needs rest and sleep, and the doctor no less.

Peralga is non-narcotic and can be safely entrusted to be taken when needed.

Think it over—then decide. A trial supply may help your decision. To whom shall we send it and where?

*Peralga is a combination of
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A Requisite in the
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Best tolerated and quickest to reduce
INFLAMMATION and PAIN

OD CHEMICAL CO., 61 Barrow St., New York, N. Y.

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and health. The efficacy of any program of medical publicity must be appraised under the following headings: (1) it must be news, readable and interesting; (2) it must be constructive and worth while for the social welfare of the community; (3) it must be in good taste and (4), most important of all, it must be scientifically and medically correct.

There is a field wherein organized medicine and duly qualified physicians should give out or promulgate publicity for health purposes, publicity for preventive medicine, publicity for civic problems that contact with organized medicine, but no member of this Society should use the broad conception of publicity for health purposes as a means of personal aggrandizement or for inviting attention to himself, or for advertising a particular proprietary preparation. When a member of this Society recommends soap to keep the body clean he may be engaging in worthy publicity and spreading abroad useful health information. When, however, the same member recommends the soap of Mr. X he is not engaging in helpful health propaganda or publicity, but is becoming an active agent in the advertising of a commercial product, manufactured by a particular firm and it is just at this point that we differ with the said member.

The prohibition of advertising placed no physician at a disadvantage. Medical groups—hospitals and clinics, and departments of public welfare—are bound by the same rule of ethics as individual physicians. A hospital is not operated to make money and therefore should not advertise in any magazines or newspapers.

It would appear that the time is not far distant when the county medical society must decide whether as an organization it shall enter into what may be

termed the business of medicine. It is apparent that with our nearly four thousand members we have a sufficient clientele to seriously consider the establishment of an insurance bureau, or even an insurance company.

It might also suggest itself that there could be formed and managed under the auspices of the county medical society a credit and funding society, a collecting bureau, and we might even go so far as to organize the personnel for the management of clinics.

It might, for example, be considered the proper function of the Bureau on Publicity of the Medical Society of the County of New York to devise and draw up a list of zones within the city so that persons inquiring for competent medical service could be given a list of properly qualified physicians, members of the Society residing or practicing within the zone and to make available

Thialion

is a dependable agent to prescribe in rheumatism, gouty conditions, biliousness, constipation and wherever there is evidence of acidemia or decreased alkalinity.

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Numotizine

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Reduce Fever

Relieve Pain and Congestion

Numotizine introduces a safety factor—easily removed after producing its desired effects. Externally applied—therefore no danger of upsetting the stomach.

Send for a clinical package and literature

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It is a fact that the combination of the five Bromides of Potassium, Sodium, Ammonium, Calcium and Lithium presented in a pure and eligible form has decided advantages over the single salts.

The bromide treatment gives better therapeutic results through the use of Peacock's Bromides than is possible with the single salts.

Each fluid drachm contains 15 grains of the purest bromides of potassium, sodium, ammonium, calcium and lithium.

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Samples to Physicians Only

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to the inquiring public the names of certified specialists residing or practicing in certain designated zones.

I believe every active county medical society having a sufficient number of members, should embody these functions:

1. A central registry for dispensary patients. If a patient is accepting medical service as a right, privilege or gift, of a city institution or a privately endowed charity the community has the right to demand that a patient shall be registered and thereby prevent medical shopping and reduplication of labor and laboratory work, that are time consuming and expensive.

2. Adequate supervision of all hospitals—private, proprietary, semi-public and public. Furthermore, the examination of all human tissue removed at operation by a properly trained and certified pathologist.

3. The designation of hospital and dispensary zones. This will embrace the entirely new conception of the role of the doctor and his place in the community. It will involve the establishment of regional hospitals, confined to a geographical area of the city, which will be the radiating point of information, the curative zone for the community. Every physician in this geographical area shall have access to the hospital for his patients,

arrangements may be made for X-ray and laboratory work for the private patients of the physician in the area.

4. Responsibility that the worthy poor be treated free of all charges.

The problem of medical charity confronts us. It is a challenge to society. I have great faith in the intelligence, the understanding and the brains of our social and medical leaders. I believe this problem can be settled adequately, effectively and with justice to all. There is no force in the spoken or written word, the power lies in the ideals and the personality behind it.

If under a comprehensive plan we can bring to this problem ethical and moral leadership, there is the hope that we can provide adequate medical service for all groups of our people at all times and that social medicine may continue with increasing years of usefulness.

As individuals we can contribute the best of ourselves, our loyalty and our thoughts to make this a living, advanced ideal. The time is opportune and we must address ourselves seriously to the interrogation that presents itself—society and the doctor. We stand at the parting of the ways from an old, outworn system to a new and better type of social organization. There are difficulties. They can be solved.

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is effectively prescribed when symptoms of nervous irritability make their appearance, as in Hysteria—Nervous Indigestion—the Menopause—Convulsions—Insomnia due to mental activity.

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is used with gratifying results, to lessen the severity and frequency of attacks in Epilepsy; and where a potent sedative is indicated.

A trial will convince you of its value

Check the preparation desired, for free sample

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WHETHER THE PATIENT IS

aged and feeble, or so young that his digestive system works less energetically than his limbs, or is an adult business man—healthy but deskbound—prescribe AGAROL with confidence for the relief of constipation and to aid in restoring regular bowel function.

AGAROL is the original mineral oil and agar-agar emulsion with phenolphthalein. It softens the intestinal contents and gently stimulates peristalsis.

Gentle enough for little patients; active enough for the chronic state of the adult and aged patient.

A supply gladly sent for trial.

AGAROL for Constipation

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PRUNOIDS

A lack of secretion in the intestines is one of the principal causes of chronic constipation. Prunoids given at night over a period of one week will increase glandular activity without exciting pronounced peristalsis and will gradually overcome this form of constipation.

Prunoids are made of Phenolphthalein (one and one-half grains in each), Cascara Sagrada, DeEmetinized Ipecac and Prunes.

Gentlemen:

Please send me a professional sample of PRUNOIDS.

Dr. _____

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Samples to Physicians Only

**Sultan
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*Saint Louis,
Missouri*

Speaking Frankly

[FROM PAGE 7] times protection of the general man is impossible. This often happens when a general man holds on to a patient as long as he can, and then seeing the inevitable, the patient is sent to some one else. The criticism here is in holding a patient when that man knows he is not fitted to give the necessary treatment. The patient becomes disgusted and goes elsewhere whether he is sent or not.

I have seen too many of these cases where the patients absolutely refuse to be sent back to the man they had seen formerly. The fault here is clearly on the part of the general man and if he does the right thing he will see that his patient is properly provided for just as soon as he sees the necessity for special work. When he does that, the patients are glad to go back, and it's easy to send them.

Coming back to the general surgeon, it is my belief that he is fast losing out. He cannot give what both the general practitioner and the public have a right to expect, and furthermore the added expense has become too great a burden to the public. He is going to be forced to specialize or do what a great many of them are doing now, a general practice on the quiet.

To any general man who is dissatisfied, let him have a talk with some other specialist other than the ones he has used. Tell him how you want your patients handled and don't handle yourself so that you defeat your own ends. No man can help one who does that. You will find the specialist just as decent as any man. If you find he isn't, CHANGE!

There will be no relief of the situation, really, until the con-

Cystogen

Burning or Itching Sensations

due to excessive acid conditions are cleared up by

CYSTOGEN

The patient complains of discomfort, perhaps vesical tenesmus, on micturition. The urine is cloudy, albuminous, and contains numerous pus cells. A common clinical condition and one that can prove rebellious unless an effective urinary antiseptic is employed. Cases of this type yield rapidly to CYSTOGEN. One or two tablets, three or four times daily, dissolved in a full glass of water, should be prescribed.

CYSTOGEN is compounded with precise skill and is invariably uniform. Use it in preference to other preparations which are represented as similar.

Write for samples and complete literature

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Please send literature and samples of CYSTOGEN.

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M.E. 3-31

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PARTICULARLY DURING THE WINTER MONTHS
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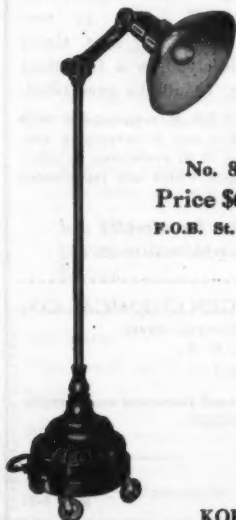
Gray's Glycerine Tonic Comp.

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*Against a Breakdown, or
To Hasten Convalescence and Recovery,
without sequelae due to lowered vitality.*

THE PURDUE FREDERICK CO., 135 Christopher St., New York, N. Y.



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Price \$65.00
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SUN LITE**

Provides an abundance of Mid-Summer Sunshine rich in ultra violet rays and the accompanying vitamin "D" so essential to human health, happiness and beauty.

These ultra violet rays so seriously lacking in even brightest winter sunlight are made available the year 'round for your patients by the Koken Companies and General Electric. This light operates from any A. C. 110 Volt convenience outlet at a cost of only a few cents an hour. It is substantially constructed, the bright parts are chromium plated, and mounted on a porcelain enameled base.

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KOKEN COMPANIES

ST. LOUIS, MO.

control of the profession is where it ought to be, that is in the hands of the general man. The fact that it isn't, is more the fault of the general man than any one else. The specialist will not oppose you in the control; he has enough worries meeting the demands of the patients you send, to care about controlling the profession himself, and besides the specialist is badly in need of a safeguard to protect the specialty from undesirable as well as unqualified men.

The specialist today needs your help far worse than you need his. When you help him properly you will help yourself, but if you don't whatever you do will become a boomerang that will return to you. The public demands the attention that the specialist can give and the public is going to have just that.

Another thing, in recent years, there has been much discussion of splitting of fees. The general men in any given community are going to decide that for themselves. If the majority want it then they will have it; if they don't want it then they won't have it.

If one man sees fit to make some such arrangement, it is going to be done. Personally I don't see how one can expect to stop anything when it is not done openly. Proofs are hard to obtain and even after they are obtained, the action taken is bound to be of little avail.

Coming back again, I'd advise every interested man to read your editorial in the January issue. Therein lies the whole situation that every medical man has to face. We are going to have to meet it together or we are all going to suffer. That is the real cause of most if not all of our ills—too high a medical expense, and it is up to both general man and specialist to remedy the situation or bow our heads to the inevitable, STATE MEDICINE.

J. S. R.

Utilities

TO THE EDITOR:

Replying to Dr.

Christian P. Segard's letter in last month's MEDICAL ECONOMICS, I believe that quite often it is *motive* more than *what* or *how* something is said. This seemingly is veiled in his article in defense of public utilities. Utilities operate by special privilege, without competition, supposedly for the masses. In occupational accidents, Dr. Segard states that the concern pays the bill; let us think this over carefully and decide who really pays the bill.

Certainly public utilities are highly specialized; when it comes to taxes they have nothing—the rest of the time they are worth fabulous sums.

Dr. Segard was honest enough to say that he is not in practice, for which status congratulations are hereby extended.

H. H. Lahke, M.D.



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The Gripeless Laxative

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*Liberal sample with literature
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Surgical Movies

RECENT medical motion picture films available for showing before hospital groups or medical societies include:

"Movements of the Alimentary Tract in Experimental Animals"

"Influence of Drugs on Intestinal Motility"

"Anatomy of the Abdominal Wall"

"Story of Cholecystokinin"

"High Posterior Gastro-enterostomy"

"Emergency Operations—Liver and Bladder"

"Multiple Diverticula of the Bladder"

"Hydrocele"

"Appendectomy"

"Colles Fracture"

"Anatomy of Abdominal Viscera"

"Informal Pictures of Internationally Famous Physiologists"

Films in the above are obtainable from Petrolagar Laboratories, Chicago. The rental of the films is free, and the company on occasion will furnish with its compliments an operator and projectors.

"Traumatic Surgery of the Extremities" and "Surgical Treatment of Peptic Ulcers" can be borrowed free of charge from Davis & Geck, Inc., 217 Duffield St., Brooklyn, N. Y.

A number of films can be rented through the American College of Surgeons, 54 E. Erie St., Chicago, at prices ranging from \$3.75 to \$7.50 per reel for 16 mm. prints; considerably more for 35 mm. prints.

\$100-a-year Plan

[FROM PAGE 85] pay according to his earning capacity and his ability to care for himself, and the upper end of the scale could be made high enough so that few of those really able to take care of their bills would care to become members and this

FOR Dry Heat or for keeping wet compresses hot



Sunbeam Wet-proof HEATING PAD

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class would be left to the individual private practice. It could also be made to operate in a way not to interfere with the personal contact and individual and family characteristics which are so necessary in the practice of medicine; and the family doctor's reliance not disturbed.

This could be accomplished by all the doctors of the community participating in the enterprise so each family would be able still to call his regular family doctor. It really need not make much if any difference in the personnel of the individual doctor's practice.

Pay for services to those who were patrons of the association could be arranged by a *pro rata* of the monthly receipts according to services rendered.

This type of practice is not my personal preference but is my personal conviction that is going to have to be done in the not very distant future. If the enterprise is not taken up and run by the doctors themselves, it is likely to be brought about in some other way and the doctors will still be doing the work, just the hired man on the job. If something of this kind is not done it is likely that state medicine will be thrust upon us and it is probably not so far away as many wish to think it is.

As the activities of the various health departments are extended and broadened it is not such a far distance to a form of state medicine. In our own county last year the health officers gave 800 medical treatments, made 530 hospital calls, 327 jail calls, 104 vaccinations for smallpox and 5068 typhoid inoculations and it is highly improbable that any investigation was made in any of these cases to see whether or not the patient was able financially to pay for the service. I believe the population of the county is estimated at around fifty thousand. This in a small way amounts to an equivalent of state medicine.

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Group Purpose

[FROM PAGE 26] ty, helpful to the growth of the Clinic. When there is unreserved assent to the policies of the Clinic, as demonstrated by thought and actions, and worth to the Clinic is proved, the newer doctors are taken in as integral parts of the group organization, permitting them to express their interest, their pride, their ambition and their initiative in a constructive way.

The objective of the Santa Barbara Clinic has been to pool and coordinate the professional capacities of the members so that patients seeking relief from illness might have their conditions completely determined in one building for one fee, based on ability to pay determined by a lay business manager.

The economic structure of the Clinic has been builded to avoid disintegration in case of death

of any member. Insurance is carried against the risk and the proportion of one's holdings is distributed to the estate of the deceased in four annual payments.

The physical assets of the Clinic are in a holding corporation which is under control of the three original partners. The money collections after deducting overhead are allotted monthly in salaries to all members and yearly in dividends subject to a partnership agreement. Central control, benign and not autocratic in nature, has been found essential to group development.

The founders of the group believe that when social medicine or health insurance becomes part of the social structure of the United States as seems likely in the not distant future, group practice of which, like the Santa Barbara Clinic, there are many in various parts of the Union, will be best prepared to fit into the new program.

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(Smith)

A non-narcotic agent prescribed by physicians throughout the world in the treatment of

AMENORRHEA,
DYSMENORRHEA, ETC.

Ergoapiol (Smith) is supplied only in packages containing twenty capsules.

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Dose: One or two capsules three or four times a day

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